



Network Adequacy Plan

Instructions and Narrative Report

RAE Name	Northeast Health Partners
RAE Region #	2
Reporting Period	[SFY20-21 07/01/2020 – 06/30/2021]
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Instructions: The RAE’s Annual **Network Adequacy Plan** should be submitted (on or by July 31 each year) to the Department via MoveIT, be no more than 10 pages in length, and include for both its PCMP and Behavioral Health Network, how the RAE will:

- Maintain and monitor a network of appropriate providers supported by written agreements and is sufficient to provide adequate access to all services covered under the Contract for Members across all ages, levels of ability, gender and cultural identities, including those with limited English proficiency, that includes:
 - Adult and pediatric primary care providers;
 - OB/GYNs;
 - Adult and pediatric mental health providers;
 - Substance use disorder providers;
 - Psychiatrists;
 - Child psychiatrists;
 - Psychiatric prescribers; and
 - Family planning providers.
- Ensure accurate provider information is available to members.
- Make available to Members accurate and timely provider information including:
 - Name, address, telephone, email and website;
 - Ability to provide physical access, reasonable accommodations, and accessible equipment;
 - Capacity to accept new Medicaid Members;
 - Cultural and language expertise (including ASL); and
 - After-hours and weekend appointment availability.
- Calculate and monitor Network Provider counts, time/distance results, ratios, timeliness standards or other access to care metrics including the geographic location of providers in relationship to where Medicaid Members live. (Please describe the software package(s) and/or processes that your MCE uses.)
- Determine the number of behavioral health providers in the network that are able to accept mental health certifications and how this will be continually monitored to ensure enough providers are available to meet the needs in the region.
- Ensure its network of providers and other health neighborhood and community resources meet the needs of the Member population in the Contractor’s Region.



Network Adequacy Plan Narrative

Northeast Health Partners (NHP) delegates network management responsibilities to Beacon Health Options (“Beacon”). Beacon seeks to create, administer, and maintain a network of primary care physicians (PCPs) and a network of behavioral health providers to serve the needs of Medicaid members attributed to the region. In an effort to meet this function, Beacon leverages existing contracts and relationships with providers in the region, as well as continuing to recruit new providers, to ensure access and maintain an adequate network to serve the primary care and behavioral health needs of Medicaid members and their families under the Regional Accountable Entity (RAE).

Beacon’s goal is to ensure network adequacy for the RAE by closely monitoring development and access of the Health First Colorado provider network in the region and recruiting providers based on overall network density and membership needs. This includes providers who have demonstrated experience providing care using a patient-centered model, clinical specialty, cultural background, or licensure level, and meet criteria for participation in the network. Building on the current network of Medicaid providers, Beacon, on behalf of NHP, creates, administers, and maintains a network of PCPs and a network of behavioral health providers to serve the needs of NHP’s members.

During the previous fiscal year, NHP refined the strategies used to assess network needs and identify providers for recruitment based on their effectiveness. These were incorporated into the Network Adequacy Plan for FY 20-21. In order to identify PCPs for potential recruitment, NHP added the review of Department of Regulatory Agency (DORA) Registry to identify PCPs for potential recruitment. In previous years, NHP utilized the registry only for behavioral health providers. Additionally, we added the use of the Enrollment Summary Report with data of non-contracted PCP practices. For behavioral health recruitment, NHP streamlined its use of the single case agreement (SCA) data and developed criteria to initiate outreach for credentialing, including geography of provider, number of SCAs within a specific period and specialty. These strategies were successful in targeting outreach to providers in areas of need and increased success of recruitment. For example, NHP successfully contracted with two PCP practices found through the Enrollment Summary Report review.

Furthermore, this year’s plan has an increased emphasis on the appointment availability to assess and monitor access. During the previous year, NHP implemented audits to monitor appointment wait times, including a corrective action process for providers that do not demonstrate improvement. This planning year will track the improvement and challenges of network providers to meet the access to care standards. NHP is leveraging telehealth services to support access to services including after-hours and weekend appointment availability. Finally, due to the extended SUD benefit effective January 1, 2021; NHP’s plan includes strategies to develop a SUD provider network to include inpatient, residential and withdrawal management services.

The network of PCPs and behavioral health providers is monitored to meet or exceed the network time and distance standards for FY2021. Given that the region contains significant rural membership, Beacon continues to encourage telehealth services to support the work of the network. Beacon continuously works to expand the network in response to changes in member enrollment and changes within the network (i.e. the number of providers that joined or left the network, or are no longer accepting new patients by county).

The network goals for the fiscal year are as follows:



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1. Meet the time/distance standards for both physical health and behavioral health networks by provider type across all counties within the region 100 percent of the time. NHP will use the quarterly Geo Access analysis to measure access at each county within the region.
2. Increase the percentage of primary care and behavioral health providers within the region that meet the appointment availability standards for new and existing members by 10% by the end of the fiscal year. NHP will use the following metrics to ensure this goal is met:
 - a. Monthly analysis of the audit results for the number and percentage of providers that pass the initial audit.
 - b. For providers that receive a 90-day follow-up audit, monthly analysis of the audit results for the number and percentage of providers that pass the follow up audit.
3. Increase the number of primary care and behavioral health providers that use telehealth services by 10% by the end of the fiscal year. NHP will work with providers to capture the number of providers who render telehealth service, and offer the providers training on how to optimize telehealth in their practice. Should there be no increase, then NHP will work with existing providers with telehealth to expand their capacity to take more member based on member need. NHP will use the following metrics to measure the goal is met:
 - a. Add information of telehealth services to the provider directory.
 - b. Review the number and percentage of providers that offer telehealth services on a quarterly basis.
 - c. Review the behavioral health utilization for telehealth services on a quarterly basis.

Network Development

NHP maintains and monitors a Primary Care Provider (PCP) network that includes provider types and areas of expertise for Adult, Pediatric, OB/GYNs, and Family Planning. NHP contracts with any willing provider within the region that meets the criteria to qualify as a PCP. At the end of FY2020, NHP had 62 primary care practices with 319 unique rendering practitioners covering all of the counties within the region. The majority of the providers are Family Medicine practitioners, which serve all ages, levels of ability, gender and cultural identities, including those with limited English proficiency.

NHP has 99% coverage of members within the time/distance requirement for any Network Categories with county designation. Members in Weld have 99% coverage for Pediatric Primary Care (MD, DO, NP), Family Practitioner (MD, DO, NP) and PA, as well as Gynecology, OB/GYN (MD, DO, NP). The geographic territory where the 1% of Medicaid Members in Weld County without two (2) behavioral providers with 30 miles or 30 minutes is on the northeast east part of the county which is more accurately defined as a rural community than urban. In that area, there is not two or more behavioral health providers within the 30-mile radius to meet the requirement. This is an area where we will continue to actively recruit and offer telehealth services.

For rural counties, each county had different access for members. In Phillips County, NHP meets 100% coverage of members within the time/distance and ratios requirements only for Family Practitioner (MD, DO, NP). All other Network Categories for adult, pediatric and gynecology services are not met. Morgan County: NHP meets 100% coverage of members within the time/distance and ratios requirements for Family Practitioner (MD, DO, NP) and PA, as well as Gynecology, OB/GYN (MD, DO, NP). All other Network Categories for adult, pediatric and gynecology services are not met. There was no practitioner that only served children. Logan County: NHP meets 100% coverage of members within the time/distance



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and ratios requirements only for Family Practitioner (MD, DO, NP). It met the ratio for Family Practitioner PA, but not the time/distance standard. All other Network Categories for adult, pediatric and gynecology services are not met.

Within frontier counties, Cheyenne and Washington counties meet 100% coverage of members within the time/distance and ratios requirements only for Family Practitioner (MD, DO, NP). All other Network Categories for adult, pediatric and gynecology services are not met. While in Kit Carson, Lincoln, Sedgwick, and Yuma Counties: NHP meets 100% coverage of members within the time/distance and ratios requirements only for Family Practitioner (MD, DO, NP) and PAs. All other Network Categories for adult, pediatric and gynecology services are not met.

There are two reasons that explain the insufficient number of providers for adults and pediatric providers across the region. First, most practitioners that serve adult patients start seeing members at the age of 18 years. Based on Medicaid guidelines, a child Member is defined as under the age of 21 years old. Second, practitioners in rural and urban counties tend to serve all ages. Based on the Network Category requirements, these practitioners can only be counted in the Family Practitioner network.

NHP identified a need across the region for Gynecology and OB/GYN providers of all levels, including physicians and physician assistants. Many of the new providers in the region are Family Practitioners, which offer OB/GYN services within their practice. Additionally, NHP has a need for primary care providers with capability to treat in a foreign language, ASL, and/or, have specific cultural experience. NHP relies on alternative methods to serve Members of all ages, genders, and cultural experience within the access to care standard requirements.

NHP has an existing statewide network of behavioral health providers to comply with the network time and distance standards for all ages, levels of ability, gender, and cultural identities, including those with limited English proficiency. The network includes contracts and relationships with Essential Community Providers including Community Mental Health Centers, FQHCs, school-based health centers, Rural Health Centers, community safety-net clinics, which are staffed with provider that offer adult and pediatric mental health and psychiatry, and as well as substance use disorder providers, and psychiatric prescribers. NHP's network also includes private/non-profit providers and substance use disorder providers in the region. At the end of FY2020, the behavioral health network within the urban county of Weld met 99% of coverage for all provider types except Psychiatric Residential Treatment Facilities (95%) and Psychiatric Hospitals and Psychiatric Units in Acute Care Facilities (74%). The geographic territory where the 1% of Medicaid Members without two (2) behavioral providers with 30 miles or 30 minutes is on the northeast east part of Weld County that is more accurately defined as a rural community than urban.

In the rural counties of Logan, Morgan and Phillips, NHP meets the time/distance for all Network Categories with the exception of Psychiatric Residential Treatment Facilities and Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities. In addition, they meet the ratio requirement for the Network Categories except for Pediatric Substance Abuse Disorder Provider in Morgan and Phillips, Adult Substance Abuse Disorder Provider in Phillips, and Psychiatric Residential Treatment Facilities and Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities in all three counties.



The six (6) frontier counties meet the time/distance and ratios requirement for all the Network Categories with the exception of Psychiatric Residential Treatment Facilities and Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities.

Recruitment Strategies

NHP utilizes a number of strategies to identify and recruit providers to strengthen the network for primary care providers within the region and behavioral health providers State-Wide. For primary care providers (PCP) and behavioral health providers, the plan to ensure that the network has a sufficient number of providers to serve members based on the maximum distance for their county classification, Beacon Provider Relations Department (Provider Relations) will be:

- 1- Reviewing the Department of Regulatory Agency (DORA) Registry to identify providers with licensures that meet criteria:
 - Primary care provider licensures
 - OB/GYN providers that are also primary care providers
 - Behavioral health providers with a unique specialty or clinical expertise
 - License to prescribe in all areas: APRN/APN, NP, PA, MD/DO (Board Certified Child and Adult Psychiatrists)

Provider Relations will outreach identified providers not currently enrolled in Medicaid to educate them about Health First Colorado (Medicaid) and identify potential incentives to join enroll as a Medicaid provider and join the network. This strategy has shown limited success and the lack of providers is enhanced by the pandemic. We will continue to actively engage new and existing providers and offer incentives to join our network.

- 2- Reviewing the Enrollment Summary Report with data of non-contracted providers to identify PCP practices in the Region that are offering services to Medicaid Members, but not currently part of the network.
- 3- Leveraging community connections through PIAC and Health Neighborhood Collaborative to obtain information on potential providers in the frontier and rural counties, which may be poised to join the network. The second benefit of using community-level feedback is that they may offer insight on best way to initiate the recruitment including warm introduction, which may improve the provider's interest in joining the network.
- 4- Expanding telehealth services through the region, especially in rural and frontier areas where there are not sufficient providers within the maximum distance for the county. Provider Relations is surveying PCP and behavioral health practices to identify which practices will continue to offer telehealth services after the COVID-19 crisis.

Additional efforts to identify and recruit potential behavioral health providers to recruit include:

- 1- Tracking utilization, single case agreement (SCA) data, and historical claims information to identify providers who are currently providing services to Health First Colorado (Medicaid) members. This process identifies Medicaid-enrolled providers who are serving NHP-assigned members through SCAs and are more motivated to join the network.
- 2- Working with County DHS departments to identify CORE providers and work with these providers in becoming credentialed within the system. Provider Relations outreaches identified individual CORE providers who are not part of the NHP network to recruit and assist them with the credentialing process.



- 3- Leveraging rate negotiation with providers located in areas of need, offering specialty services, or serving special populations.

Effective January 1, 2021, Health First Colorado (Medicaid) will extend the benefit for Substance Use Disorder (SUD) Treatment Services as part of the Section 1115 SUD Waiver. It will require NHP to provide inpatient and residential components, including withdrawal management, to the continuum of outpatient SUD services. Beacon is working to enhance the behavioral health network to include these services for January 2021 through the following strategies:

- Reviewing existing listings of facilities offering SUD inpatient and residential services and prioritize contracts with facilities that ensure coverage of all required service levels, as well as those facilities located within the region or in bordering counties
- Leveraging existing relationships with facilities to add the new services to their existing contract for the effective date
- Creating fee schedule with Medicaid appropriate rates with an opportunity to negotiate where appropriate

All recruitment and contracting activities will be closely monitored to track progress towards network development and to provide early detection of any barriers to contract for these services. This will ensure NHP's behavioral health network has the range of services available for our members. NHP will monitor the progress of the above listed strategies to ensure all efforts used to identify available providers. In the event that there are less than two practitioners that meet the PCP and behavioral health standards within the defined area for members in rural and frontier counties, NHP will recommend to HCPF to remove the time/distance requirements for those members as outlined in the contract between HCPF and NHP.

Provider Network Monitoring

Beacon uses the latest Quest Analytics, an industry-standard application, to conduct a geographic access (GeoAccess) mapping analysis for time and distance starting from the member's residence and driving to the closest available provider based on the county classification. This application is also used to calculate the provider-to-member ratios at the regional and county level by provider type.

Appointment Wait Times

PCPs and behavioral health providers are expected to maintain established office/service hours and access to appointments with standards as required by Health First Colorado. The provider contract requires that the hours of operation of all of our network providers are convenient to the population served and do not discriminate against members (e.g., hours of operation may be no less than those for commercially insured or publicly insured, fee-for-service individuals), and that services are available 24 hours a day, seven days a week when medically necessary. Access to care standards, set by the state of Colorado, require all participating primary care and behavioral health providers to have availability for members within seven days of request, and that urgent access is available within 24 hours from the initial identification of need.

NHP monitors compliance to access standards by conducting outbound calls to practices to audit appointment availability. PCPs are audited every six months and five percent of the Behavioral Health provider network within the region are audited each month on a rotating basis. When a provider demonstrates compliance with the access to care standards, the provider will be monitored again based



on the standard schedule. Providers that do not meet the established standards receive education on the access to care standards and are subject to monitoring through follow-up audit calls at the 90-day period mark.

Providers that do not demonstrate improvement at the 90-day re-audit mark receive a request for a corrective action plan (CAP). Providers will need to submit a written response within 30 days of the request. Provider Relations will review the CAP to ensure it addresses the requirements and follow up with provider to track progress on the CAP. Providers will be audited within 90 days from the acceptance of the CAP to demonstrate improvement in meeting access to care standards. If a provider remains non-compliant, the provider will be recommended for review to the Quality Oversight Care Committee (QOCC). Non-compliance is considered by either not submitting a CAP; not submitting a CAP within stated timeframes; or continuing to fail the audits. Based on the QOCC review, determination may include panel closures, suspension of referrals, continuation of the CAP, or other activities deemed appropriate up to termination from the network.

Accepting new Members

Access for new members is an important part of maintaining a network that serves all Members. NHP will continue to educate providers to notify Provider Relations on changes to their capacity to accept new members. Providers are able to update their capacity by notifying NHP to temporarily close their panels to new members. In those cases, NHP removes the behavioral health practitioner from clinical referrals. For PCPs, NHP updates the State's portal and monthly reports. For all providers, the next update to the provider directory will reflect the changes. Provider Relations monitors the network for access to new Medicaid members through three primary methods:

- Conducting access to care audits to determine if PCP and behavioral health providers have adequate availability for new Medicaid members based on standards
- Determining the number of members, by county, through the enrollment file, within the key population groups
- Soliciting feedback from member and Family Affairs when they assist a Medicaid member locate a provider and schedule an appointment for services

In the situation where the provider is identified through the above methods as not meeting access standards for new members, Provider Relations communicates with the provider to validate the information, educate them on access to care standards, and update demographic information to close their panel to new members.

Accessible Facilities

NHP monitors if there are sufficient providers in the network with the ability for physical access, reasonable accommodations, and accessible equipment for members with physical or other disabilities. Provider data in Beacon's system is used to identify provider locations as accessible in the provider directory and to count the number of providers that meet the requirements in the network adequacy analysis. Provider Relations has trainings available on the NHP website to educate providers on how they can directly update their demographic information through Beacon's provider portal and CAQH, which includes reporting the physical access and/or accessible equipment information for each of their practice locations. Additionally, Beacon integrates data from CAQH to maintain accurate records for network providers in Beacon's system, which in turn, populates the Provider Directory and network adequacy analysis. Finally, Provider Relations conducts on-going phone outreaches to providers that do not have a CAQH profile to validate the information on the provider directory.



Providers that want to learn more about physical access and/or accessible equipment for practice locations may request Provider Relations Department to assess their facilities for members with physical and other disabilities. There were no requests during the previous fiscal year for these assessments. NHP is evaluating the incentive for providers to request the assessments, which may be time consuming or intimidating for providers. In FY2021, NHP will use Provider Support Calls to educate providers on how they can conduct a simple assessment on their own and attest the findings to update the provider directory. This may encourage providers to request an on-site assessment or more information on how they can improve their accommodations for all members. NHP will track the number of providers that complete the self-assessment, and request an on-site assessment. Additionally, NHP will track the percentage of change in providers with accessible facilities quarter over quarter.

After-hours and Weekend Availability

Providers report after hours and weekend availability through contracting or credentialing documentation and the demographic update process. NHP's plan to engage in activities to improve access with practices for the second year of the contract did not yield the desired improvements. NHP cross-referenced the provider data with other sources to validate accuracy of extended or weekend availability. This included reviewing the practice website and Medicaid website. This information had limited improvement in the number of providers offering expanded hours of operation. Information was distributed during provider forums to educate and discuss with providers the methods and resources to increase extended or weekend availability in their practices. However, providers did not show interest in increasing capacity. It was challenging to determine which providers might have capacity to expand hours based on the provider type without the ability to review options available to providers and members. Without this additional information, we could not identify potential afterhours and/or weekend capacity, which resulted in a determination to discontinue this strategy.

With the recent expansion of telehealth services, many providers are requesting to continue to utilize telehealth. We are working with providers to understand how they will be able to continue to use telehealth and if offering services after hours via telehealth is an option. For FY 20-21, one of the three network goals is to increase telehealth services. NHP will increase the number of primary care and behavioral health providers that use telehealth services by 10% by the end of the fiscal year. NHP will work with providers to capture the number of providers who render telehealth service including for after-hours appointments. NHP will offer the providers training on how to optimize telehealth in their practice. NHP plans to continue communication with providers regarding telehealth services through its various communication platforms including Provider Support Calls, Newsletter and Individual Provider Outreach to educate, promote and utilization of telehealth services, especially as practices return to in-person patient care. We will discuss with the providers their hours of operations and the service they offer through telehealth, including telehealth for after-hours availability. NHP will target primary care and behavioral health providers, which may have capacity to add or expand telehealth services within their practice for after-hours availability.

NHP utilizes Provider Support Calls to educate providers on the billing guidelines and documentation requirements for telehealth. In addition, the Provider Support Calls forum allows providers to share information with their peers and crowdsource best practices for implementing telehealth. NHP will continue to use this forum to leverage peer-to-peer support. Additionally, NHP connects providers with national resources on implementing telehealth and will include on the NHP website. NHP will use internal systems to solicit feedback from Member and Family Services when they assist a Medicaid Member to obtain after-hours appointments through telehealth. The feedback will be monitored to gauge need for



after-hours availability and demand for telehealth services. NHP will review and update the plan based on provider and member feedback, as well as, the effectiveness of the provider outreach to ensure after-hours availability needs are met.

Cultural Expertise

NHP acknowledges that cultural expertise also includes addressing healthcare disparities. As part of our regional plan for this year, we will provide a training to address this. In addition, Beacon obtains information of providers with cultural expertise through provider self-reporting. This is determined through language and specialty availability. For behavioral health providers, they report their competencies during their initial credentialing and re-credentialing. PCPs report cultural competency during contracting and through assessments of practices. Providers are able to update their information through Beacon's provider portal, which informs the information available to members through the provider directory. Site visits are another way cultural competencies are identified. During routine site visits, Provider Relations assess operations to ensure the visibility of cultural awareness information and how cultural competencies are built into the workflows. In numerous communities and provider locations, postings are offered in multiple languages, including Somali and Rohingya, which are two top languages spoken by refugees in our region. Navigation of systems, with the language spoken by the individual, is also available through the Immigrant and Refugee Center of Northern Colorado. Sunrise Community Health holds the State contract to serve as the assessment center for refugees and link these individuals to necessary care and resources.

For behavioral health providers, there are 624 practitioners with language availability including 351 who have Spanish language. Our partner Community Mental Health Centers also utilize specialty programs to address the culture and language needs within the community. For example, North Range Behavioral Health Center employs numerous Americorps workers who speak multiple languages to assist families in accessing services and addressing healthcare needs. The average number of languages spoken by the Americorps workers is between 5-8 languages. Within Morgan County, it is estimated between 27-40 languages are spoken, and the local law enforcement has been nominated to work with a national grant to ensure culturally appropriate services and interventions are available, at a minimum with an interpreter. NHP's goal regionally is to collaborate within the community to ensure individualized, culturally aware services are provided.

In order to improve cultural expertise in the network, NHP will work with PCP and behavioral health providers to obtain complete and accurate information about the practice's information including cultural expertise. Additionally, Cultural Competency training will be offered to providers through Provider Support Calls and recorded trainings on the website. This is an on-going process and continues to be part of practice education through webinars, provider alerts, and on-site trainings. NHP will track the percentage of change in providers with cultural expertise quarter over quarter.

Health Neighborhood Partners

NHP communicates with the full spectrum of the health neighborhood providers and partners through the Health Neighborhood Collaborative (the Collaborative) meeting. The Collaborative meeting is held quarterly or at the recommendation of the Collaborative. Participants include:

- Physical and behavioral health providers
- Hospitals and LTSS providers
- Public health, home health and hospice providers
- DentaQuest and Single Entry Points (SEP)



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- Area Agency on Aging, participating Interagency Oversight (IOG) and Collaborative Management Program (CMP) programs
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Nurse Family Partnership, Faith-Based Agencies, Community Centered Boards, Department of Human Services (DHS) Homeless Shelters
- Additional local community agencies that assist with transportation, food, housing, energy assistance, etc.

The purpose and focus of the Collaborative is to work together to identify barriers and gaps, as well as, propose initiatives to address those barriers in the system of care by aligning activities to strengthen the relationships of its participants and the healthcare system. The Collaborative develops communication channels to share and exchange information with community agencies and providers for collaboration and engagement in initiatives that assist local communities to optimize member health and wellbeing. It further provides a shared working space for community partners and NHP.

Additionally, NHP ensures our network of providers are meeting the needs of our member population through the Population Health Management Strategic Plan, which incorporates member provider engagement strategies to improve the overall health and wellness of our membership. The Population Health Management Strategic Plan has milestones outlined for Complex, Condition Management and Prevention Wellness groups within our membership, as well as the Health Neighborhood.

Serving Members with Complex Needs

NHP has an extensive, well-established partnership with community organizations that are managing the care of Members identified with complex needs. Currently, North Colorado Health Alliance (NCHA) provides care coordination services to approximately 85 percent of NHP's members and offers community-based population health management and prevention services, including First Steps, Prenatal Plus, healthy food/nutrition initiatives, insurance enrollment access, before-school walking and running programs, school-based health and wellness planning, opioid abuse prevention support, health connector services, and tobacco cessation tools. NCHA works directly with the Member's attributed PCMP to coordinate and review member care, alert providers of potential gaps in care, and coordinate community services. NCHA is the primary Care Coordination Entity for NHP. For the additional three providers who provide delegated Care Coordination and cover the remaining 15% of the membership, NHP supports their focus on the population condition management of these entities and offers tools, including Lightbeam, to ensure the region is effective and efficient in achieving member care goals. This type of collaboration is designed to strengthen the relationship between the provider and the member through better management of health outcomes.

NHP will identify members based on complexity and ability to impact. The listing of these members is shared with the delegated Care Coordination entities (including NCHA and Accountable PCMPs) to outreach these individuals to ensure successful access to provider and regional programs. The Care Coordinators have multiple assessments to identify core needs with complex members. NHP assists Members identified with complex needs to connect with their providers who are offering services that meet clinical standards of care, best practices, or are identified as promising local initiatives. These providers offer critical data and models for effectively intervening with members who have complex health needs. NHP supports providers with data stratification, population management, cross-disciplinary collaboration, and continuous quality improvement efforts.



The goal is to identify the member needs and work with the our PCMPs to standardize the use of evidence-based programs to ensure equal access for our members and continuity across the region, regardless of providers. For providers that do not have access, NHP is working to provide standardized protocols for the providers. The goal is to enhance the community Care Coordination NHP has begun and focus on linking individuals to the right programs at the right time and monitor for care conformity. NHP has dedicated Registered Nurses that have begun working with complex members addressing high-risk complex needs and will engage providers in the use of protocols.

Additionally, NHP's condition management strategy of four key components of disease will be used for group-level interventions that address the health outcome of the population. These are education, regular monitoring, medication adherence and psychological care. These interventions, as well as, clinical guidelines for the ten chronic conditions identified by HCPF will be accessible to all network providers by developing and publishing best practices to our website.

Behavioral Health Providers Accepting Certifications

Since certifications are a legal process that compels a person to receive involuntary treatment and requires that the treating facility accept the certification and agree to provide the court with information regarding the person's progress, many facilities are reluctant to take on this responsibility. Accepting facilities need to have a system of care and resources to care for this population appropriately. Facilities are reluctant to accept such patients because they perceive it increases their potential liability, particularly if the patient commits an illegal act. NHP surveyed all Community Mental Health Centers (CMHCs) across the state to confirm acceptance of certifications and will continue to monitor changes in these providers. The information resulted in identifying six (6) CMHCs that accept mental health certifications, including one that is within the region:

- Southeast Behavioral Health
- North Range Behavioral Health (within the region)
- Mental Health Partners
- The Center for Mental Health
- Mind Springs Health
- AspenPointe Health Services

Data Management

Data management of the provider network is key to accurately report the network and assess the capacity and gaps of the network. For that reason, NHP has a plan to validate, maintain, and update provider data, as well as reporting logic to describe the number and type of providers in the NHP network based on the HCPF specifications.

Provider Relations outreaches to network PCPs to submit data of their practice sites and staff providers that have joined and left their practice on a periodic basis, but no less than quarterly. Although this process and frequency has been in place since the start of the RAE, PCPs are inconsistent in their timelines and accuracy of their reports. This led to delayed notification on material changes to the network with practice closures and a practice changing its Medicaid ID. As a result, NHP is adding to the PCP contract for FY2021 language that clarifies the requirement and timeline to report (30 days from the date identified the changes). Information of the requirement will be incorporated into Provider Support Calls and individual provider outreach to increase awareness on the requirement and monitor compliance.



Provider Relations continues education and outreach to facilities, FQHCs, and CMHCs to submit data of the staff providers that have joined and left their facilities on a monthly basis. Receiving the facility data on an increased frequency allows for increased auditing of their staff providers for future reports. A large percentage of the behavioral health services rendered to NHP members are provided through NHP's partner CMHCs, *North Range Behavioral Health* and *Centennial Mental Health*. Provider Relations worked with the CMHCs to update their licensed and unlicensed staff providers in the system. Although unlicensed staff providers are not applied to the ratios and time/distance analysis, it shows, the receipt of this data has allowed to more accurately assess the capacity of the CMHCs. Provider Support Calls and individual provider outreach will be used to educate behavioral health providers on the requirement to notify NHP of demographic and staffing changes within their practice.

For the HCPF Network Categories, NHP conducts a quality check of provider National Provider Identifiers (NPIs) and taxonomy codes using several different methods. NHP compared all NPIs and provider taxonomy codes in the provider data against the National Plan & Provider Enumeration System (NPPESS) NPI Registry to ensure correct NPI and taxonomy codes for the provider. Additionally, the validated NPI is checked against the MCO Affiliation report to confirm the Medicaid ID based on the NPI and other provider demographics (i.e., facility address and service type). Any identified discrepancies are reviewed with the provider to validate data and update in the system, as appropriate. Once the quality checks are completed, NHP uses the latest HSAG technical specification document (*Network Adequacy Validation (NAV) Crosswalk Definitions for Network Data Mapping; June 2020 Version*) to define provider groupings. This is done using the provider's taxonomy code and the provider's degree or credentials. The logic is reviewed each quarter to ensure the PCP and behavioral health provider networks are reported consistent with the provider and HSAG technical specification document.

Provider Directory

NHP makes provider information available to members through the provider directory on the following URL <https://www.northeasthealthpartners.org/members/find-a-provider/>. It includes name, address, telephone, email and website (if available). A member can contact Member Services Department to request the provider directory in paper or electronic form by calling 1-888-502-4189. The provider directory also includes information about the practice's compliance with ADA standards, which includes physical access, reasonable accommodations, and accessible equipment. In addition, the provider directory details the provider's capacity to accept new Medicaid members, offer cultural and language expertise (including ASL), and after hours and weekend appointment availability.

The provider directory data is updated when providers report a change through Beacon's provider portal or by contacting Provider Relations. When NHP identifies a change, the provider is contacted to verify the information and submit any appropriate changes. The provider directory on the NHP website is updated at least once a month.