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Department of Health Care Policy & Financing

FY 2020–2021 Network Adequacy Quarterly Report Template

Managed Care Entity: *Northeast Health Partners*

Line of Business: *RAE*

Contract Number: *19-107508*

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Report Submitted by: *Alma Mejorado*

Report Submitted on: *January 29, 2021*

Report due by *1/29/2021*, covering the MCE's network from 10*/01/2020 – 12/31/2020*, FY Q*2*

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1. Instructions for Using the Network Adequacy Quarterly Report Template

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

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

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

Definitions

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

- A “practitioner” refers to an individual that personally performs the healthcare service, excluding single case agreement (SCA) practitioners.
- An “entity” refers to a facility-level healthcare service location (e.g., hospital, pharmacy, imaging service facility, and/or laboratory).

Report Instructions

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

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

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

Questions

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

Establishing and Maintaining the MCE Network

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

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

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

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

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO, RAE				
Total members	87,056	N/A	91,703	N/A
Total primary care practitioners (i.e., PROVCAT codes beginning with “PV” or “PG”)	317	N/A	367	N/A
Primary care practitioners accepting new members	294	92.7%	340	92.6%
Primary care practitioners offering after-hours appointments	109	34.4%	110	30%
New primary care practitioners contracted during the quarter	0	0%	51	13.9%
Primary care practitioners that closed or left the MCE’s network during the quarter	2	0.06%	1	0.03%

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
Northeast Health Partners (NHP) maintained a network of sufficient providers across the region in number and type of primary care practitioners to assure that all covered services will be accessible to members immediately. During the reporting period, NHP conducted a review of the Enrollment Summary Report with data of non-contracted providers and the Department of Regulatory Agency (DORA) Registry to identify PCP practices in the Region within the region. Based on the review, no additional providers were identified which met the PCP criteria for recruitment within the region. NHP searched for Adult Primary Care and Gynecology practitioners that serve as PCPs across all regions. However, the research has not yielded available practitioners for recruitment across the rural and frontier regions. NHP worked with Planned Parenthood to update their list of practitioners, which rotate between multiple locations, resulting in the addition of forty-four (44) Gynecology, OB/GYN (MD, DO, NP) and one (1) Gynecology, OB/GYN (PA) practitioners within existing practice locations in Weld County. They improved access to Gynecology, OB/GYN (PA) from zero (0%) percent to eighty-nine (88.9%) percent for the urban county. NHP worked with PCPs to identify the use of telehealth services within the region. The utilization of telehealth did not change from the previous report. Thirty-five (35) PCP providers report offering telehealth services; however, they continue to experience overall reduced billing of routine and well-care services during the COVID-19 crisis. Because of the impact the pandemic had on their staff, Planned Parenthood's Greeley location is temporarily only offering an array of services via telehealth at least through February 1, 2021. Members from the Greeley location in need of care beyond those offered through telehealth, or prefer face-to-face visits, can receive care at their Fort Collins location. During the reporting period, Provider Relations did a presentation to the regional Program Improvement Advisory Council (PIAC) to inform them of their role for network management and address questions. In addition, Provider Relations extended their contact information that participants of PIAC meeting can outreach should they have questions or referrals of providers interested in joining the network. NHP is leveraging community connections through the regional PIAC to obtain information on potential providers in the frontier and rural counties, which may be poised to join the network.

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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	87,056	N/A	91,703	N/A
Total behavioral health practitioners (i.e., PROVCAT codes beginning with "BV" or "BG")	1,873	N/A	1,918	N/A
Behavioral health practitioners accepting new members	1,873	100%	1,918	100%
Behavioral health practitioners offering after-hours appointments	485	25.9%	496	25.9%
New behavioral health practitioners contracted during the quarter	107	5.7%	96	5.0%
Behavioral health practitioners that closed or left the MCE's network during the quarter	39	2.1%	51	2.6%

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

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to members without unreasonable delay. If your network includes out-of-state practitioners serving members enrolled with the MCE please describe. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
NHP is primarily a rural and frontier region with one (1) urban county, three (3) rural counties, and six (6) frontier counties. The availability of behavioral health providers in urban and rural areas with capacity to serve *all* members is limited, specifically providers who offer specialized training and expertise across all ages, levels of abilities, gender identities, and cultural identities.

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to members without unreasonable delay. If your network includes out-of-state practitioners serving members enrolled with the MCE please describe. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
NHP focused its recruitment efforts towards the implementation of the Substance Use Disorder (SUD) benefit expansion effective January 1, 2021. NHP outreached and extended contracts to eligible SUD providers within the region and those outside the region with specific ASAM levels to meet network adequacy. Based on the outreach, NHP successfully contracted with seven (7) SUD providers (with multiple facility locations), and are undergoing credentialing to join the network, and thus do not appear in this report. Although NHP actively communicated with providers and they were willing to contract months ahead of the implementation date, NHP had challenges in implementing a network of SUD providers for SUD benefit expansion due to delays in final rates and provider Medicaid enrollment for the new SUD levels. In order to remediate these delays, NHP is working with SUD providers through Single Case Agreements (SCAs) while we finalize their contracting. SUD providers who sign their contract are not required to complete SCAs and undergoing an expedited credentialing process. As reported in a previous report, NHP's network of behavioral health providers in Weld County meets ninety-nine (99%) percent of standards. Since the majority of the practitioner's are in the city of Greeley and on the border county of Larimer, Medicaid members residing on the border of the county (which would more accurately define as a rural community than urban) have limited practitioners within the thirty (30) mile radius. In those areas, there are not a sufficient number of behavioral health providers to meet the requirement. Also, the addition of practitioners in the county has not positively impacted the standards because they are not located within the thirty (30) mile radius from all Medicaid members. NHP continues to be concerned about the requirement to have a network of prescribers after the billing changes in the HCPF Coding Manual for Evaluation & Management (E&M) Codes. Since prescribers who do not meet the Behavioral Health Specialty Provider Criteria are required to bill Fee-For-Service for Evaluation & Management (E&M) Codes, they no longer have an incentive to contract with NHP. As a result, NHP has ceased recruitment for prescribers. NHP has a need for additional providers across all provider types that are diverse and inclusive of the members we serve. This includes providers who are familiar and knowledgeable regarding the cultures within our region, members with intellectual and development disabilities, brain injuries, and LGBTQ. Here is the status of the strategies that are underway to fill the gaps in provider needs outlined above within the region:

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to members without unreasonable delay. If your network includes out-of-state practitioners serving members enrolled with the MCE please describe. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
1- Tracked utilization, Single Case Agreement (SCA) data, and historical claims information to identify providers who are currently providing services to Health First Colorado (Medicaid) members. As part of the on-going monitoring of the SCA data, NHP actively outreached providers that have received multiple SCAs in the previous six (6) months. NHP continues to work with the three (3) providers who had SCAs in the previous reporting period to complete the credentialing process. 2- Conducted review of current listings of Health First Colorado (Medicaid) participating providers and Department of Regulatory Agency (DORA) registry to identify providers within the region. NHP outreached providers identified through the listings of Health First Colorado participating providers and the Department of Regulatory Agency (DORA) Registry. The majority of the providers with service locations in the rural and frontier counties identified through these listings are associated with the local Community Mental Health Centers (CMHCs). There were no independent providers identified through this search for recruitment in Cheyenne, Kit Carson, Phillips, Sedgwick, Lincoln, and Yuma counties. In the previous report, NHP identified providers that either required additional research or considered potential providers for recruitment. NHP has ceased using this strategy to identify potential providers as it is not yielding identification of providers within areas or types of need. NHP is focusing efforts in maintaining the existing network and recruiting providers that are serving the members through Single Care Agreements as noted above. 3- Continue to review providers who are contracted with Weld County Department of Human Services to provide CORE services and outreaching providers for inclusion in our network. Two (2) new providers were recently identified through this connection. This is an area we can explore with additional County Departments. 4- Monitored operational processes to successfully recruit and report behavioral health providers. During the reporting period, NHP continued to focus on supporting providers in the credentialing process to complete the application and join the network. Specifically, NHP continues to train its Provider Relations staff to enhance understanding of the credentialing process to communicate with providers around correct application and address potential barriers. This has helped address provider concerns in timely manner and offer transparency on the status of their application.

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to members without unreasonable delay. If your network includes out-of-state practitioners serving members enrolled with the MCE please describe. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
At the end of the reporting period, two (2) behavioral health providers located in Weld and Larimer joined the network through the assistance of dedicated Provider Relations staff. Furthermore, Provider Relations staff continues to work with Melissa Memorial Hospital located in Phillips County to become credentialed for outpatient behavioral health services that will help improve access for member in the region. Overall, NHP is focusing its efforts in bringing to the network providers that address network gaps based on GeoAccess review, Single Case Agreement (SCA) data and network buildout for the SUD benefit expansion effective January 1, 2021. 5- Expanded utilization of telehealth services throughout the region for specialty services and members located in our rural and frontier areas. NHP monitored the utilization of telehealth services from the first quarter to second quarter of FY 2021. Fifty-one (51%) percent of the outpatient services (based on number of units) during October and November 2020 were provided through telehealth (data for December was not available at the time of the report). The majority of the utilization continues to be for individual and family psychotherapy codes (90832, 90834, 90837, 90846, and 90847) with very little use of other codes, including Medical Management codes. The appointment cadence appears to be weekly, which is in alignment with in-person services. The State of Emergency, which allows for expanded use of telehealth services has been extended, which has allowed the continued use of services. NHP continues to monitor the changing environment of telehealth, specifically the expansion of covered codes and telephone as an allowed medium, to support providers as they build capacity towards a sustainable service. Heart Centered Counseling (Now Lifestance) has service locations in Greeley, Fort Collins, Littleton, Denver, and Colorado Springs where they are adding locations, psychiatrists, prescribers and licensed therapists (LCSW, LPC, and LMFT). This will increase access to services for Weld County through their Greeley location, as well as the expansive telehealth access points Lifestance offers for all other counties. NHP continues to report to HSAG on hospitals and facilities that do not crosswalk to behavioral health criteria. The provider behavioral health services had taxonomies that met the criteria as a PF150 (Hospital) which is not an allowed Network Category for a RAE. Review of the NPI did not yield additional taxonomies that would crosswalk to behavioral health criteria. Based on HSAG guidance, these facilities are included in the facility report, but will not be part of the GeoAccess Compliance report. The inability to crosswalk these facilities to a behavioral health criterion affects the accurate assessment of geographic access to care in the network.

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to members without unreasonable delay. If your network includes out-of-state practitioners serving members enrolled with the MCE please describe. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
For the Psychiatric Residential Treatment Facilities (PRTFs), NHP is continuing to review the facilities that fall under the category to ensure they are appropriate. Facilities continue to be outreached to review and submit updated demographics, if necessary. The changes collected during reporting period are reflected in the report.

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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	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

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
During the reporting period, NHP did not experience a change in its network related to quality of care, competence, or professional conduct.

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

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

Inadequate Network Policies

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

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

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

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

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

Table 8-CHP+ MCO Provider Network Changes: Discussion

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

4. Appointment Timeliness Standards

Appointment Timeliness Standards

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

Table 9-Physical Health Appointment Timeliness Standards

Describe the method(s) used by the MCE to monitor its contract's timeliness requirements for members' access to physical health services. Describe findings specific to the current reporting period.
CHP+ MCO, Medicaid MCO, RAE
Primary care providers are required to maintain established office/service hours and access to appointments for new and established Medicaid patients within seven (7) days of request, and urgent access shall be available within twenty-four (24) hours from the initial identification of need. Practices audited in the previous reporting period and did not meet the availability standards will receive a follow up audit to monitor their access. The majority of the practices had established same-day appointments for acute care (fifty-two (52) of the fifty-six (56) locations or ninety-two (92%) percent. Of the fifty-six (56) locations audited, fifty-four (54%) percent of the locations met all the standards. The survey identified that PCPs have better availability for established members than for new members. Forty-seven (47) locations

(eighty-three (83%) percent) of practices reported availability within standard for an established member. Thirty (30) locations (fifty-four (54%) percent) of the practices reported availability within standards for a new Medicaid member. The availability of appointments within standards for new members changed from sixty (60%) percent to fifty-four (54%) percent from the previous six (6) month audit.

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
Behavioral health providers are expected to maintain access to appointments with standards established by the State of Colorado. The standards indicate providers should have appointment availability for members within seven (7) days of request, and that urgent access is available within twenty-four (24) hours from the initial identification of need. Practices audited in the previous reporting period and did not meet the availability standards and will receive a follow up audit to monitor their access. Forty-eight (48%) percent of the practices reported availability within standard for an established member. Eight (8) locations (35%) of the practices reported availability within standards for a new Medicaid member.

5. Time and Distance Standards

Health Care Network Time and Distance Standards

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

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

- CHP+ MCO defines "child members" as 0 through the month in which the member turns 19 years of age.
- CHP+ MCO defines "adult members" as those over 19 years of age (beginning the month after the member turned 19 years of age).

- Medicaid MCO and RAE define "child members" as under 21 years of age.
- Medicaid MCOs and RAEs define "adult members" as those 21 years of age or over.

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

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

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

Present detailed time/distance results for members residing in Colorado's urban counties using the accompanying MS Excel workbook template. **List the specific urban counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for members residing in urban Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
NHP has one (1) urban county, Weld, which is where to the majority of NHP's membership reside or are attributed. The requirement for an urban county is to have one hundred (100%) percent coverage of two (2) providers within thirty (30) miles or thirty (30) minutes. Physical Health: NHP does not have one hundred (100%) percent coverage for members within the time/distance requirement for any Network Categories. NHP conducted a GeoAccess analysis of the provider levels that do not meet one hundred (100%) percent of the standard and found that at least ninety (90%) percent of the members in Weld had coverage for the following PCP provider types: • Family Practitioner (PA) • Family Practitioner (MD, DO, NP) • Pediatric Primary Care (MD, DO, NP) • Gynecology, OB/GYN (MD, DO, NP) • Pediatric Primary Care Mid-level For Gynecology, OB/GYN (PA), NHP increased from zero (0%) percent coverage in the previous report to eighty-nine (89%) percent coverage after adding two (2) new providers in this reporting period. The following PCP provider types with less than fifty (50%) percent coverage in Weld County: • Adult Primary Care (MD, DO, NP) • Adult Primary Care Mid-Level The reason that the network report has insufficient number of practitioners for adults is that most practitioners that serve adult patients start seeing members at the age of eighteen (18) years. Based on

Medicaid guidelines, a child member is defined as under the age of twenty-one (21) years old. Based on the Network Category requirements, these practitioners can only be counted in the Family Practitioner network.

Behavioral Health

Within Weld County, NHP does not have one hundred (100%) percent coverage of members within the time/distance requirement for any Network Categories. NHP conducted a GeoAccess analysis at ninety-five (95%) percent coverage. Weld has a ninety-nine and half (99.5%) percent coverage of provider to members for the following behavioral health provider types:

- Adult Psychiatrists and other Psychiatric Prescribers
- Adult Mental Health Provider
- Adult Substance Abuse Disorder Provider
- Pediatric Psychiatrists and other Psychiatric Prescribers
- Pediatric Mental Health Provider
- Pediatric Substance Abuse Disorder Provider

Urban counties outside of NHP (Arapahoe, Clear Creek, El Paso and Elbert Counties) have less than ninety-five (95%) percent coverage for Adult Psychiatric and other Psychiatric Prescribers; Adult Substance Abuse Disorder Provider; Pediatric Psychiatric and other Psychiatric Prescribers; Pediatric Mental Health Provider, and/or Pediatric Substance Abuse Disorder Provider. Should members in these counties need additional provider options from those available, NHP will consider Single Case Agreements (SCAs) when appropriate.

Weld County has significant access to Psychiatric Residential Treatment Facilities and Psychiatric Hospitals with ninety-five (95%) percent coverage and Psychiatric Units in Acute Care Facilities with eighty-five (85%) percent coverage. Other Urban counties have limited access: Adams, Arapahoe, Boulder, Clear Creek, Douglas, El Paso, Gilpin, Pueblo, and Teller. In most counties one of these facilities is within the time and distance, however, there is no option for two (2) facilities as required by the standards.

In Weld County, the geographic territory where the one (1%) percent of Medicaid members without two (2) PCP and behavioral providers within thirty (30) miles or thirty (30) minutes is on the northeast east part of the county that is more accurately defined as a rural community than urban. In that area, there are no identified PCP or behavioral health providers within the thirty (30) mile radius to meet the requirement.

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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
Logan, Morgan, and Phillips Counties are qualified as rural counties. The majority of the members have access to two (2) providers within the required distance of forty-five (45) minutes or forty-five (45) miles for PCPs, and sixty (60) minutes or sixty (60) miles for behavioral health providers. Physical Health: For Physical Health, there was no change in access for rural health providers from previous quarter. In Phillips County, NHP meets one hundred (100%) percent coverage of members within the time/distance and ratios requirements only for Family Practitioner (MD, DO, NP) and ninety-three (93%) percent coverage for Family Practitioner (PA). In Morgan County, NHP meets one hundred (100%) percent 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. Logan County: NHP meets one hundred (100%) percent coverage of members within the time/distance and ratios requirements only for Family Practitioner (MD, DO, NP) and ninety-nine (99.7%) percent coverage for Family Practitioner PA. The remainder of the Network Categories for adult, pediatric and gynecology services are not met. There are a couple of reasons that explain the insufficient number of practitioners for adults and pediatric. First, most practitioners that serve adult patients start seeing members at the eighteen (18) years. Based on Medicaid guidelines, a child member is defined as under the age of twenty-one (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. Across the rural counties, there were no network practitioners that only served children or adults. As result, the majority of the practitioners in Logan, Morgan and Phillips as Family Practitioners. NHP's research for available practitioners with gynecology has not yielded any available practitioners in the area. This is an area that is also only allowed to be counted in a single category and a majority of the family practitioners provide this service as well as general health care. If a member needs services with providers outside of those available in the area, then NHP, through a Care Coordinator, connects the member with the next closest available provider and assists the member with transportation, if necessary.

Behavioral Health
All of the rural counties within the NHP region met the standards for an adequate network. The exception is Psychiatric Residential Treatment Facilities and Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities. In most counties one of these facilities is within the time and distance, however, there is no option for two (2) facilities as required by the standards.

For rural counties outside NHP, most met the standards with the exception of Archuleta, Garfield, La Plata, Montezuma, Prowers, and Routt for Substance Abuse Disorder Providers for adults and pediatrics. Garfield County also did not meet standards for Pediatric Mental Health Provider, and psychiatrists and other psychiatric prescribers. If a member needs services with providers outside of those available in the area, then NHP, through a Care Coordinator, connects the member with the next closest available provider and assists the member with transportation, if necessary.

Psychiatric Residential Treatment Facilities and Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities within standard distance and ratio is limited for all rural counties with NHP members. In most counties one of these facilities is within the time and distance, however, there is no option for two (2) facilities as required by the standards.

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 majority of the RAE Region 2 counties qualify as frontier, which are Cheyenne, Kit Carson, Lincoln, Sedgwick, Washington, and Yuma. The majority of the members have access to two (2) providers within the required distance for all provider types within the required distance of sixty (60) minutes or sixty (60) miles for PCPs, and ninety (90) minutes or ninety (90) miles for behavioral health. Physical Health: There was no change in access for rural health providers from previous quarter. NHP meets one hundred (100%) percent coverage of members within the time/distance and ratios requirements only for Family Practitioner (MD, DO, NP). In four (4) of the six (6) frontier counties (Kit Carson, Lincoln, Washington, and Yuma) NHP meets one hundred (100%) percent coverage of members within the time/distance and ratios requirements only for Family Practitioner (PA). In Washington County, ninety (90.2%) percent of members have coverage for Gynecology, OB/GYN (MD, DO, NP). The remainder of the Network Categories for adult, pediatric and gynecology services are not met across the frontier counties. NHP's research for available practitioners with gynecology has not yielded any available practitioners in the area. If a member needs services with providers outside of those available in the area, then NHP, through a Care Coordinator, connects the member with the next closest available provider and assists the member with transportation, if necessary.

There are a couple of reasons that explain the insufficient number of practitioners for adults and pediatric. First, most practitioners that serve adult patients start seeing members at the age of eighteen (18) years. Medicaid guidelines defines a child member as under the age of twenty-one (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. Across the frontier counties, there were no network practitioners that only served children or adults. As a result, the majority of the practitioners in frontier counties are classified as Family Practitioners.

Behavioral Health

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.

Similarly, the majority of the frontier counties outside the RAE Region 2 with NHP members met the access for all Network Categories with the exception of Psychiatric Residential Treatment Facilities and Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities. If a member needs services with providers outside of those available in the area, then NHP, through a Care Coordinator, connects the member with the next closest available provider and assists the member with transportation, if necessary.

Access to psychiatric hospitals and residential treatment facilities within the required distance is a challenge for large part of the NHP region. This will require work with the Department and community partners to address.

Appendix A. Single Case Agreements (SCAs)

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

Table A-1-Practitioners with SCAs: Data

Individual SCA Practitioner	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description
Franklin Q. Smith	*0000000*	*Denver*	*PV050*	*Adult Primary Care*
CHP+ MCO, Medicaid MCO, RAE				
AGURKIS, LAURA	84678836	Boulder	BV131	Licensed Marriage & Family Therapists (LMFTs)

Individual SCA Practitioner	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description
AVENT-HENRY, NICOLE	9000142289	Denver	BV132	Licensed Professional Counselors (LPCs)
BARCELO, DANIELLE	9000183792	Weld	BV131	Licensed Marriage & Family Therapists (LMFTs)
BECKER, TALEESHA	9000162967	Douglas	BV100	Psychiatrists
BELLOWS, JASON	85201871	Jefferson	BV100	Psychiatrists
BUESING, ALISHA	37135031	Weld	BV080	Licensed Addiction Counselors (LACs)
CATON, TRACE	27273261	Pueblo	BV100	Psychiatrists
CHEEK, DANIEL	72308010	Jefferson	BV100	Psychiatrists
DEVRIES, ERIC	9000174584	Broomfield	BV100	Psychiatrists
DILLE, RENEE	60300078	Jefferson	BV100	Psychiatrists
DOYLE, ROBERT	66009057	Larimer	BV100	Psychiatrists
FESTA, NICOLE	9000166266	Adams	BV080	Licensed Addiction Counselors (LACs)
FICHTER, BRADEN	9000104260	Jefferson	BV100	Psychiatrists
FOSTER, COLLEEN	49971069	Boulder	BV100	Psychiatrists
FROST, HELEN	38812541	Weld	BV080	Licensed Addiction Counselors (LACs)
GEER, GEOFFREY	01309368	Boulder	BV100	Psychiatrists
HARGETT, HARL	07015662	Jefferson	BV080	Licensed Addiction Counselors (LACs)
HUNTINGTON, MICHAEL	65776551	Larimer	BV100	Psychiatrists
JOHNSON, ADAM	9000183633	Larimer	BV132	Licensed Professional Counselors (LPCs)
KNOWLES, KRISTEN	41270053	Jefferson	BV100	Psychiatrists
MEYER, HEATHER	73520250	Larimer	BV132	Licensed Professional Counselors (LPCs)
MORAN, KATHLEEN	49422014	Jefferson	BV100	Psychiatrists
MORTENSEN, D KILEY	90002075	Boulder	BV100	Psychiatrists
MURPHY, CARLA	01280981	Jefferson	BV100	Psychiatrists
NEWSOM, CASE	9000158189	Adams	BV100	Psychiatrists
OVERSTREET, SHERRI	9000162167	Jefferson	BV080	Licensed Addiction Counselors (LACs)
PATEL, LISA	49986538	Broomfield	BV100	Psychiatrists
RICKARD, JEFFREY	92584268	Jefferson	BV100	Psychiatrists
RILEY, ALICE	28070267	Adams	BV130	Licensed Clinical Social Workers (LCSWs)

Individual SCA Practitioner	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description
ROSQUIST, SARAH	29817501	Boulder	BV100	Psychiatrists
ROSS, ETHAN	37154389	Boulder	BV100	Psychiatrists
RUTHERFORD, DAVID	64079538	Jefferson	BV100	Psychiatrists
SULLIVAN, PAUL	01373075	Boulder	BV100	Psychiatrists
WIEBE, DAVID	96077361	Jefferson	BV100	Psychiatrists
WIERCINSKI, ADAM	9000174204	Jefferson	BV100	Psychiatrists
WILLEY, BREANNE	9000182531	El Paso	BV132	Licensed Professional Counselors (LPCs)
YOUNGA, JASON	9000149655	El Paso	BV100	Psychiatrists

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
Out-of-network providers are able to request SCAs to render service for NHP members for the purpose of continuity of care or specialty services that are not available through the current network. All but five (5) of the providers who received SCAs during the reporting period are part of an emergency department or an inpatient episode where choice of network providers may be limited due to hospital privileges. Of the five (5) providers not part of an emergency department or inpatient facility, four (4) are part of contracted groups and currently undergoing credentialing. While they complete credentialing, they are using SCAs to start working with NHP members. NHP continues to monitor SCA data on a monthly basis to recruit those providers that have received multiple SCAs and are not in the credentialing process. Providers in the credentialing process and who are using SCAs to render services are monitored to ensure they complete credentialing and formally join the network.

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.