COLORADO
Department of Health Care Policy & Financing

Network Adequacy Quarterly Report Template

Managed Care Entity: *Northeast Health Partners*

Line of Business: *RAE*

Contract Number: *19-107508*

Contact Name: *Kari Snelson*

Report Submitted by: *Alma Mejorado*

Report Submitted on: *January 25, 2023*

Report due by *01/31/2023* covering the MCE's network from *10/01/2022– 12/31/2022*, FY23Q2

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Contents

COLORADO
Department of Health Care Policy & Financing

1. Instructions for Using the Network Adequacy Quarterly Report Template

This document contains the December 2022 release of a standardized template for use by all Colorado Medicaid or CHP+ Managed Care Entities (MCEs) for quarterly Network Adequacy (NA) reporting to the Colorado Department of Health Care Policy and Financing (HCPF). Each MCE should generate one quarterly NA report for each applicable line of business (i.e., CHP+ MCO, Medicaid MCO, or RAE); the report shall contain template elements applicable to the line of business. Network categories required for quarterly reporting are defined in the CO Network Adequacy Crosswalk Definitions (December 2022 version).

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

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

Definitions

- "MS Word template" refers to the *CO Network Adequacy_Quarterly Report Word Template_F1_1222* document.
- "MS Word MCE Data Requirements" refers to the *CO Network Adequacy_MCE_DataRequirements_F1_1222* document that contains instructions for each MCE's quarterly submission of member and network data.
- "MS Excel Geoaccess Compliance template" refers to the *CO<20##-##>_NAV_FY <####> Q<#> QuarterlyReport_GeoaccessCompliance_<MCE Type>_<MCE Name>* spreadsheet.
  - MCEs will use this file to supply county-level results from their geoaccess compliance calculations, including practitioner to member ratios and time/distance calculations.
- Use the Colorado county designations from the Colorado Rural Health Center to define a county as urban, rural, or frontier; the most recent county-level map is available at the following website:
  - https://coruralhealth.org/resources/maps-resource
  - Note: Urban counties with rural areas (e.g., Larimer County) should be reported with the rural counties and use rural time/distance standards.

- A "practice site" or "practice" refers to a physical healthcare facility at which the healthcare service is performed.
- A "practitioner" refers to an individual that personally performs the healthcare service, excluding single case agreement (SCA) practitioners.
- An "entity" refers to a facility-level healthcare service location (e.g., hospital, pharmacy, imaging service facility, and/or laboratory).

Report Instructions

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

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

Network Category	CHP+ MCO	Medicaid MCO	RAE
Facilities (Entities) (*Hospitals, Pharmacies, Imaging Services, Laboratories*)	X	X	
Prenatal Care and Women's Health Services	X	X	X
Primary Care Providers (PCPs)	X	X	X
Physical Health Specialists	X	X	
Behavioral Health Specialists *(RAEs' network categories include Substance Use Disorder [SUD] treatment coverage that went into effect on 1/1/2021)*	X		X
Ancillary Physical Health Services (*Audiology, Optometry, Podiatry, Occupational/Physical/Speech Therapy*)	X	X	

Questions

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

2. Network Adequacy

Establishing and Maintaining the MCE Network

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., December 31, 2022, for the quarterly report due to the Department on January 31, 2023).
- To count practitioners/practice sites:
  - Include each unique practitioner/practice sites contracted with the MCE and line of business as of the last day of the measurement period (e.g., December 31, 2022, for the quarterly report due to the Department on January 31, 2023).
  - Define unique individual practitioners using Medicaid ID; a practitioner serving multiple locations should only be counted once for the count of practitioners and ratio calculations.

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

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

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO, RAE				
Total members	107,833	N/A	110,204	N/A
Total primary care practitioners (i.e., PROVCAT codes beginning with "PV" or "PG")	368	N/A	368	N/A
Primary care practitioners accepting new members	342	92.9%	344	93.5%
Primary care practitioners offering after-hours appointments	112	30.4%	112	30.4%
New primary care practitioners contracted during the quarter	1	0.3%	1	0.3%
Primary care practitioners that closed or left the MCE's network during the quarter	0	0.0%	1	0.0%

COLORADO
Department of Health Care Policy & Financing

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

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of primary care practitioners to assure that all covered services will be accessible to members without unreasonable delay. **Describe how the MCE ensures members' access to family planning services offered by any appropriate physical health practitioner, practice group, or entity.** **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
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. NHP maintains a regional network of Primary Care Medical Providers (PCMP), which is organized by licensure level type. The data for counties that did not meet access standards for one or more types of licensure was evaluated, and subsequently several barriers were detected. An example of one of these barriers was a lack of PCMPs available to recruit for contracting. Physician Assistants (PA) and providers who offer Gynecology services in rural and frontier counties within the time/distance standard were found to be particularly lacking. Weld County possesses some rural areas that do not have any practitioners within the mandated 30 miles/30 minutes radius. Despite this, Weld County has received an urban designation. This "dual-designation" status has been found to be advantageous in some counties, such as Larimer County. However, Weld County's rural areas have made it challenging for them to comply with urban standards. HCPF requires 100% of members to meet geoaccess standards for PCMPs, while industry standards only require 90-95%. This HCPF requirement has proven to be an additional barrier that affects NHPs ability to sustain a sufficient network. **Describe how the MCE ensures members' access to family planning services offered by any appropriate physical health practitioner, practice group, or entity.** NHPs PCMP network includes practitioners who provide family planning services, such as Federally Qualified Healthcare Centers (FQHC) and Planned Parenthood. To ensure that members are able to obtain family planning services, NHP uses various strategies including member education. Under this strategy, monthly onboarding sessions are conducted to educate members about family planning and other benefits, as well as how to access services. Member Services also helps members to find family planning services within NHPs network. In the event that services are not available in the region, Member Services utilizes the State's provider directory to assist members in locating providers who are outside of the network but still within the broader Medicaid network. Member Services oversees all member complaints regarding access to services. During this reporting period, there were not any complaints filed regarding access to family planning services.

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of primary care practitioners to assure that all covered services will be accessible to members without unreasonable delay. **Describe how the MCE ensures members' access to family planning services offered by any appropriate physical health practitioner, practice group, or entity.** **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
NHP utilized available claims data to evaluate quarterly family planning usage. State claims data for family planning services revealed that 2,572 members received family planning services during Q1 of FY23. 1,793 members out of those (or 69.7%) accessed services within RAE Region 2. Some of those services were administered by PCMPs who are within the NHP network, including North Colorado Family Medicine, Sunrise Community Health, Yuma District Hospital, Rocky Mountain Planned Parenthood, and the County of Weld. The rest of the services were provided by facilities that are not PCMPs, such as hospitals, imaging, and urgent care centers. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitor the availability and usage of telehealth services.** PCMPs are evaluated by NHP on a yearly basis regarding their utilization of telehealth. Additionally, NHP has a partnership with Care on Location to provide services to regional members for physical health services. NHP includes them as a resource for members on the NHP website. In Q1 of FY23, telehealth utilization for physical health services accounted for 3.48% of the total claims paid through Fee-For-Service (FFS) Medicaid. Data for Q2 FY23 was not available due to claims data lag.

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

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number[1]	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO, RAE				
Total members	107,833	N/A	110,204	N/A
Total behavioral health practitioners (i.e., PROVCAT codes beginning with "BV" or "BG")	3,298	N/A	3,144	N/A
Behavioral health practitioners accepting new members	3,298	100%	3,144	100%
Behavioral health practitioners offering after-hours appointments	1,081	32.8%	1,181	37.5%
New behavioral health practitioners contracted during the quarter	97	2.9%	175	5.6%

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number[1]	Percent
Behavioral health practitioners that closed or left the MCE's network during the quarter	107	3.2%	335	10.6%

[1] Number of Total behavioral health practitioners from Q1 to Q2 have a variance because there was an undercount due to practitioners sharing the same name. NPIs have been validated and identified as separate individuals and reflected in the Q2 count.

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	27	27
Total SUD treatment facilities offering ASAM Level 3.3 services	3	3
Total SUD treatment facilities offering ASAM Level 3.5 services	31	32
Total SUD treatment facilities offering ASAM Level 3.7 services	18	20
Total SUD treatment facilities offering ASAM Level 3.2 WM (Withdrawal Management)	19	22
Total SUD treatment facilities offering ASAM Level 3.7 WM services	8	11

COLORADO
Department of Health Care Policy & Financing

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
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. NHPs robust network of practitioners in Region 2 continues to flourish. Commencing in Q1 FY23, the requirement that mental health practitioners meet time and distance standards shifted from 100% to 90% member coverage. As a result, access for mental health provider types was met. Further, as the number of SUD treatment facilities in the network increased, access for those levels of care improved across the region. Barriers to geoaccess for specific services within RAE Region 2 still exist and continue to affect NHP. NHP is still experiencing a shortage of sufficient SUD treatment facilities across all ASAM levels within the region, which critically impacts our capacity to meet full member coverage. In the case that a member requires this level of care, NHP arranges for the member to be transported to services outside of the region. Region 2 is also lacking in psychiatric residential treatment facilities, Psychiatric Hospitals, and Psychiatric Units in Acute Care Facilities. Given the population density of Region 2, launching and sustaining a business operation is not possible. Lastly, the main services being billed for by prescribers are Evaluation & Management (E&M) services. NHP is required to contract with prescribers when it is not fiscally responsible for the payment of these E&M codes. Therefore, there is no longer an incentive for prescribers to contract with NHP.

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
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. NHPs continued use of telehealth services has bolstered members' access to covered services. Telehealth allows members to receive services outside of their geographic areas, such as outpatient services and intensive outpatient programs (IOP). NHP is contracted with Care on Location to offer telehealth behavioral health services to its members. They are included in the NHP website as a resource for members. During this reporting period, NHP continued contract discussions with Charlie Health initiated in previous reporting period. Charlie Health offers virtual IOP services for youth ages 11 and older. In an effort to more efficiently track the availability of telehealth services, NHP requests that providers disclose whether they offer telehealth services. NHP conducts a quarterly review of paid claims data to monitor telehealth utilization. In Q1 of FY23, 4% of all service costs were rendered through telehealth (data for Q2 FY23 not available due to data lag). Although the volume of telehealth utilization is lower than at the height of the pandemic (25.24% of paid claims), NHP anticipates that telehealth will remain a crucial component of the network, ensuring timely access and member choice, especially for members who live in rural and frontier areas of the region. Some services, such as residential treatment or inpatient services, call for in-person treatment instead of telehealth. In these cases, NHP will continue to help members to obtain transportation to facilities that can administer the services they require. **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.** Although NHP continued with efforts to incorporate ASAM levels of care into the complete range of SUD treatment, the barriers noted in prior quarters persisted in causing challenges. Some of these barriers included the following: • Provider adherence to authorization and documentation requirements • Securing correct enrollment in Medicaid for practice sites' specific level of care • A lack of additional SUD treatment sites with ASAM levels within the region Since the implementation of the ASAM levels of care, the negative effects of these barriers have improved. NHP will maintain the same strategies as past quarters, as these strategies have yielded successful results. Among these strategies are a training regimen in which existing providers are educated on authorization

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
procedures and documentation requirements. NHP has identified less difficulty surrounding these elements and improved care coordination because of this training. An additional strategy utilized by NHP is the provision of outreach and education regarding the enrollment process and member resources to practices that show discrepancies in Medicaid enrollment. Because of these efforts, there have been fewer discrepancies with Medicaid enrollment. In an effort to address the issue of limited SUD sites, NHP coordinates the majority (more than 50%) of SUD services through North Range Behavioral Health. Additionally, NHP started credentialing Johnstown Heights Medical Center to add IOP SUD in Q1 FY 2023, and this process was completed in the reporting period to add ASAM level 3.7 to their current contract. Further, NHP had the following facilities with SUD services newly join the network or expand services offered under their contract during the reporting period: • Community Reach Center – ASAM 3.2 WM • Cedar Springs – ASAM 3.7 WM • Northpoint Colorado – ASAM 3.7 and 3.7 WM • Colorado Addiction Recovery Service – ASAM 3.5 • Turning Point Center for Youth and Family – SUD Outpatient and Intensive Outpatient (IOP) Utilizing ongoing communication among NHPs Clinical Department and SUD facilities, NHP can monitor the availability of treatment beds at each ASAM level. Information concerning whether a SUD facility is unable to place a member in covered levels of care due to a bed capacity shortage is tracked internally. Placements can be handled and connections to outpatient treatment and case management services can be coordinated with this internal tracking system.

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 or deficiencies in MCE Networks related to access to care.

Table 4–Network Changes: Discussion

If the MCE experienced an unexpected or anticipated material change to the network or a network deficiency that could affect service delivery, availability, or capacity within the provider network, describe the change and state whether the MCE notified the Department, in writing, within five (5) business days of the change. **Note: If the MCE experienced an unexpected or anticipated material change to the network or a network deficiency that could affect service delivery, availability, or capacity within the provider network during the quarter prior to the measurement period, the MCE's response should include a description of the actions taken by the MCE during the current measurement period to address the deficiency.**
CHP+ MCO, Medicaid MCO, RAE
If the MCE experienced an unexpected or anticipated material change to the network or a network deficiency that could affect service delivery, availability, or capacity within the provider network, describe the change and state whether the MCE notified the Department, in writing, within five (5) business days of the change. During this quarter, NHP did not experience any network deficiencies or material changes to the PCMP network that affected service delivery, availability, or capacity within the network. In the behavioral health network, Jefferson Hills Corporation terminated on December 30th of 2022 due to lack of response with the completed re-credentialing application. In accordance with the re-credentialing process, NHP contacted the facility at least 90 days prior to the re-credentialing date to request that the application be completed and submitted. Standard follow-up communications were also issued periodically. Provider Relations conducted targeted outreach to help the facility complete the application and retain their status in the network. These outreach attempts yielded no response. As there are limited Acute Treatment Unit (ATU) for children, this impacts service availability for children on the network. However, NHP has availability and capacity to cover services through other contracted providers within the 25-mile radius of Jefferson Hills. Additionally, NHP will issue a Single Case Agreement (SCA) to ensure member access when necessary, and NHP initiated outreach to the facility leadership to re-engage the center to bring them back into the network.

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

Appointment Timeliness Standards

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

Table 9–Physical Health Appointment Timeliness Standards

Describe the method(s) used by the MCE to monitor its contract's timeliness requirements for members' access to physical health services. Describe findings specific to the current reporting period.
CHP+ MCO, Medicaid MCO, RAE
Annually, NHP audits PCMPs by location within RAE Region 2 for Health First Colorado members' access to care standards set forth by Health First Colorado. NHP analyzes the timeliness of appointment availability with surveys sent to PCMPs through email and telephone calls. This Q2, NHP outreached 16 PCMPs three times each to request appointment availability information. NHPs survey focuses on the following four questions with the goal of understanding access to care availability: • Availability of appointments for new Health First Colorado members within seven days of request • Availability of appointments for established Health First Colorado members within seven days of request • Urgent access appointment availability within 24 hours of request • Well Care appointment availability within one month after the request unless an appointment is required sooner to ensure the provision of screenings in accordance with HCPFs accepted Bright Futures schedule. Provider appointment type may be in-person or via telehealth. Both appointment types are acceptable and meet NHP member access to care standards for Health First Colorado members.

PCMP Audit Reporting Period	Q1 Audits	Q2 Audits	Q3 Audits	Q4 Audits
Total PCMP Locations Audited within the NHP Region	17	16	N/A	N/A
New Health First Colorado Routine/Non-Urgent appointments within Seven days: Met Requirements	10	7	N/A	N/A
Established Health Colorado Routine/ Non-Urgent appointment within seven days Next Available: Met Requirements	14	7	N/A	N/A
Urgent Access 24 hours: Met Requirements	14	10	N/A	N/A
Well-Care Access (1 month): Met Requirements	13	10	N/A	N/A
Follow up audits from previous quarters	6	3	N/A	N/A
All Requirements Met	1	0	N/A	N/A

N/A – Not Available

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
PCMPs within RAE Region 2 are evaluated by NHP for Health First Colorado members' access to care standards. Providers are sent a letter from NHP containing their access to care audit results of either pass or fail. This letter informs and educates the provider on access to care standards and expectations. If a provider fails the access to care audit, they are re-audited in 90 days and NHP may require a corrective action plan thereafter.

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 within the RAE 2 Region are audited yearly by NHP to measure Health First Colorado members' access to care standards. In this reporting period, 28 NHP behavioral health Providers were contacted by email and telephone calls. The Health First Colorado members' access to care standards are as follows: • Appointment availability for new members within seven days of request • Appointment availability for established members within seven days of request • Urgent appointment access availability either within 15 minutes by phone or within one hour face-to-face for urban/suburban areas (within two hours after contact in rural/frontier areas) • Emergency Access by phone within 15 minutes after the initial contact, including TTY accessibility; in-person within one hour of contact in urban and suburban areas, in-person within two hours after contact in rural and frontier areas. Provider appointment type may be in-person or via telehealth. Both appointment types are acceptable and meet NHP member access to care standards.

BH Audit Reporting Period	Q1 Audits	Q2 Audits	Q3 Audits	Q4 Audits
Total BH Locations within the NHP Region	29	28	N/A	N/A
New Health First Colorado Routine/Non-Urgent appointments within seven days: Met Requirements	12	2	N/A	N/A
Established Health First Colorado Routine/Non-Urgent appointment within seven days: Met Requirements	17	4	N/A	N/A
Urgent Access 24 hours: Met Requirements	16	3	N/A	N/A
Emergency Access	11	2	N/A	N/A

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

By phone within 15 minutes after the initial contact, including TTY accessibility; in person within one hour of contact in urban and suburban areas, in person within two hours after contact in rural and frontier areas.				
Follow up audits from previous quarters	5	1	N/A	N/A
All Requirements Met	4	1	N/A	N/A

N/A – Not Available

Behavioral Health Providers within RAE Region 2 are evaluated by NHP for Health First Colorado members' access to care standards. Providers are sent a letter from NHP containing their access to care audit results of either pass or fail. This letter informs and educates the provider on access to care standards and expectations. If a behavioral health provider fails the access to care audit, they are re-audited in 90 days and NHP may require a corrective action plan thereafter.

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 in its contracted counties, including region-specific contracted counties for RAEs' behavioral health networks. Geographic regions refer to the areas in which members reside, as members may travel outside their county of residence for care. For physical health time and distance requirements, MCEs are only required to report compliance with minimum time and distance requirements for members residing inside the MCE's contracted counties. For statewide behavioral health time and distance requirements, MCEs are required to report compliance with minimum time and distance requirements for all members regardless of county residence.

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

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

A practitioner/practice site/entity should only be counted one time in the MCE's data submission for each associated network category (PROVCAT code). If a practitioner provides primary care for adult and pediatric members at a specific location, count the practitioner once under the Adult Primary Care Practitioner PROVCAT code, once under the Pediatric Primary Care Practitioner PROVCAT code, 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 contracted urban counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.** **Describe the MCE's approach to ensuring access to care for members residing in its contracted urban Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE

Present detailed time/distance results for members residing in Colorado's urban counties using the accompanying MS Excel workbook template.

The majority of NHPs members (65%) reside in Weld Country, which is NHPs only urban county. The requirement for an urban county is for PCMPs to have 100% coverage of two providers within 30 miles or 30 minutes. NHP just missed the standards across licensure levels for physical health, including Gynecology, OB/GYN. This remained consistent from the previous reporting period.

The requirement for an urban county is for behavioral health practitioners to have 90% coverage of two providers within 30 miles or 30 minutes. In addition, 100% coverage for two SUD practitioners and one facility of SUD and psychiatric services within 30 miles or 30 minutes are also requirements. NHP met the standard for behavioral health practitioners, and just missed the standard for SUD practitioners and all SUD facility ASAM Levels. The exception was Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities at less than a quarter of population coverage (21%).

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

Physical Health

County	Licensure Type	Percentage Coverage
Weld, CO	Adult Primary Care (MD, DO, NP)	99.7%
Weld, CO	Adult Primary Care (PA)	99.7%
Weld, CO	Pediatric Primary Care (MD, DO, NP)	99.7%
Weld, CO	Pediatric Primary Care (PA)	99.7%
Weld, CO	Family Practitioner (MD, DO, NP)	99.7%
Weld, CO	Family Practitioner (PA)	99.7%
Weld, CO	Gynecology, OB/GYN (MD, DO, NP)	99.4%
Weld, CO	Gynecology, OB/GYN (PA)	96.1%

Present detailed time/distance results for members residing in Colorado's urban counties using the accompanying MS Excel workbook template.

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

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

CHP+ MCO, Medicaid MCO, RAE

Behavioral Health

County	Licensure Type	Percentage Coverage
Weld, CO	General SUD Treatment Practitioner	99.6%
Weld, CO	Pediatric SUD Treatment Practitioner	99.6%
Weld, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	21.1%
Weld, CO	SUD Treatment Facilities, ASAM 3.1	99.3%
Weld, CO	SUD Treatment Facilities, ASAM 3.2 WM	99.2%
Weld, CO	SUD Treatment Facilities, ASAM 3.3	96.5%
Weld, CO	SUD Treatment Facilities, ASAM 3.5	99.3%
Weld, CO	SUD Treatment Facilities, ASAM 3.7	98.4%
Weld, CO	SUD Treatment Facilities, ASAM 3.7 WM	98.3%

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

NHP guarantees access to care for members who reside in Weld Country with the utilization of telehealth. Care coordination services such as transportation assistance are also used if necessary or appropriate to help members obtain proper access to care. Examples of this include access to Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities.

NHP maintains strong coverage (over 95%) for behavioral health higher levels of care and physical health practitioners within the time/distance requirements. NHP continues to offer care coordination services, including transportation resources, to members so that they can receive necessary services such as residential and/or inpatient care.

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 contracted rural counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.** **Describe the MCE's approach to ensuring access to care for members residing in its contracted rural Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE

Present detailed time/distance results for members residing in Colorado's rural counties using the accompanying MS Excel workbook template.

Of NHPs 10 counties, three are designated as rural counties (Logan County, Morgan County, and Phillips County). Members in these rural counties must have access to two providers within the required distance of 45 minutes or 45 miles for PCMPs. For behavioral health providers, the requirement is for NHP to have 90% coverage of members within 60 minutes or 60 miles. In addition, there must be 100% coverage for two SUD practitioners and one facility of SUD and psychiatric services within 60 minutes or 60 miles.

For physical health, NHP maintained full coverage across all three rural counties for MD, DO, NP practitioners for all ages. NHP again met 100% coverage of members within the time/distance standards in Morgan County for Adult Primary Care (PA), Pediatric Primary Care (PA), Family Practitioner (PA), and Gynecology, and OB/GYN (MD, DO, NP). Further, Logan County met standards for Pediatric Primary Care (PA).

NHP met the standard for behavioral health services for all rural counties except for General and Pediatric SUD Treatment Practitioners in Phillips County. NHP continued to meet standards for Psychiatric Hospital or Psychiatric Units in Acute Care Facilities in Phillips County. NHP met access in Logan and Phillips County for ASAM Level 3.5; in Morgan County NHP had 99.9% coverage for ASAM Level 3.5.

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

Physical Health

County	Licensure Type	Percentage Coverage
Logan, CO	Adult Primary Care (PA)	99.9%
Logan, CO	Family Practitioner (PA)	99.9%
Logan, CO	Gynecology, OB/GYN (MD, DO, NP)	4.9%
Logan, CO	Gynecology, OB/GYN (PA)	0.0%
Morgan, CO	Gynecology, OB/GYN (PA)	7.1%
Phillips, CO	Adult Primary Care (PA)	98.7%
Phillips, CO	Pediatric Primary Care (PA)	99.2%
Phillips, CO	Family Practitioner (PA)	99.0%

Present detailed time/distance results for members residing in Colorado's rural counties using the accompanying MS Excel workbook template.

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

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

CHP+ MCO, Medicaid MCO, RAE

Phillips, CO	Gynecology, OB/GYN (MD, DO, NP)	0.0%
Phillips, CO	Gynecology, OB/GYN (PA)	0.0%

Behavioral Health

County	Licensure Type	Percentage Coverage
Logan, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	1.1%
Logan, CO	SUD Treatment Facilities, ASAM 3.1	0.0%
Logan, CO	SUD Treatment Facilities, ASAM 3.2 WM	0.0%
Logan, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Logan, CO	SUD Treatment Facilities, ASAM 3.7	0.0%
Logan, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%
Morgan, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	0.0%
Morgan, CO	SUD Treatment Facilities, ASAM 3.1	95.4%
Morgan, CO	SUD Treatment Facilities, ASAM 3.2 WM	81.6%
Morgan, CO	SUD Treatment Facilities, ASAM 3.3	10.5%
Morgan, CO	SUD Treatment Facilities, ASAM 3.5	99.9%
Morgan, CO	SUD Treatment Facilities, ASAM 3.7	10.7%
Morgan, CO	SUD Treatment Facilities, ASAM 3.7 WM	10.3%
Phillips, CO	General SUD Treatment Practitioner	99.4%
Phillips, CO	Pediatric SUD Treatment Practitioner	98.6%
Phillips, CO	SUD Treatment Facilities, ASAM 3.1	0.0%
Phillips, CO	SUD Treatment Facilities, ASAM 3.2 WM	0.0%
Phillips, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Phillips, CO	SUD Treatment Facilities, ASAM 3.7	0.0%
Phillips, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%

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

NHP continues to provide telehealth services, which can expand access to both primary medical care and behavioral health services in our rural counties. Northern Colorado Health Alliance (NCHA), NHPs care

Present detailed time/distance results for members residing in Colorado's rural counties using the accompanying MS Excel workbook template. List the specific contracted rural counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements. Describe the MCE's approach to ensuring access to care for members residing in its contracted rural Colorado counties where the MCE does not meet the time/distance requirements.
CHP+ MCO, Medicaid MCO, RAE
coordination entity, continues to assist members with obtaining services where they are accessible. NHP connects members with care coordination resources, including transportation, so they can obtain necessary residential and/or inpatient care. Thus, members can secure higher levels of behavioral health care that cannot otherwise be obtained within the time/distance requirements.

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 contracted frontier counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements. Describe the MCE's approach to ensuring access to care for members residing in its contracted frontier Colorado counties where the MCE does not meet the time/distance requirements.
CHP+ MCO, Medicaid MCO, RAE
Present detailed time/distance results for members residing in Colorado's urban counties using the accompanying MS Excel workbook template. The majority of NHPs counties (six out of 10) are designated as frontier counties. These counties include Cheyenne, Kit Carson, Lincoln, Sedgwick, Washington, and Yuma. The requirement for these frontier counties is for members within them to have access to two providers within the required distance of 60 minutes or 60 miles for PCMPs. In addition to this, NHP is required to have 90% coverage of members within 90 minutes or 90 miles for behavioral health providers. It is also required to have 100% coverage for two SUD practitioners and one facility of SUD and psychiatric services within 90 minutes or 90 miles. NHP continues to meet physical health standards, with full coverage across its frontier counties for MD, DO, NP practitioners for all ages. NHP met access for Kit Carson, Lincoln, Washington, and Yuma counties for PA practitioners for all ages. For behavioral health services, NHP met the standard for all frontier counties with the exception of General and Pediatric SUD Treatment Practitioners in Yuma County. NHP continued to meet standards for Psychiatric Hospital or Psychiatric Units in Acute Care Facilities in Sedgwick County. Additionally, NHP continued to meet standards for ASAM 3.5 (SUD Treatment Facilities) in Cheyenne, Sedgwick, and Washington Counties.

Present detailed time/distance results for members residing in Colorado's frontier counties using the accompanying MS Excel workbook template.

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

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

CHP+ MCO, Medicaid MCO, RAE

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

Physical Health

County	Licensure Type	Percentage Coverage
Cheyenne, CO	Adult Primary Care (PA)	40.3%
Cheyenne, CO	Pediatric Primary Care (PA)	38.3%
Cheyenne, CO	Family Practitioner (PA)	41.0%
Cheyenne, CO	Gynecology, OB/GYN (MD, DO, NP)	0.0%
Cheyenne, CO	Gynecology, OB/GYN (PA)	0.0%
Kit Carson, CO	Gynecology, OB/GYN (MD, DO, NP)	0.0%
Kit Carson, CO	Gynecology, OB/GYN (PA)	0.0%
Lincoln, CO	Gynecology, OB/GYN (MD, DO, NP)	2.1%
Lincoln, CO	Gynecology, OB/GYN (PA)	0.0%
Sedgwick, CO	Adult Primary Care (PA)	34.0%
Sedgwick, CO	Pediatric Primary Care (PA)	40.7%
Sedgwick, CO	Family Practitioner (PA)	36.0%
Sedgwick, CO	Gynecology, OB/GYN (MD, DO, NP)	0.0%
Sedgwick, CO	Gynecology, OB/GYN (PA)	0.0%
Washington, CO	Gynecology, OB/GYN (MD, DO, NP)	95.1%
Washington, CO	Gynecology, OB/GYN (PA)	0.0%
Yuma, CO	Gynecology, OB/GYN (MD, DO, NP)	45.3%
Yuma, CO	Gynecology, OB/GYN (PA)	0.0%

Present detailed time/distance results for members residing in Colorado's frontier counties using the accompanying MS Excel workbook template.

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

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

CHP+ MCO, Medicaid MCO, RAE

Behavioral Health

County	Licensure Type	Percentage Coverage
Cheyenne, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	0.0%
Cheyenne, CO	SUD Treatment Facilities, ASAM 3.1	24.8%
Cheyenne, CO	SUD Treatment Facilities, ASAM 3.2 WM	24.8%
Cheyenne, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Cheyenne, CO	SUD Treatment Facilities, ASAM 3.7	2.5%
Cheyenne, CO	SUD Treatment Facilities, ASAM 3.7 WM	2.5%
Kit Carson, CO	General SUD Treatment Practitioner	89.2%
Kit Carson, CO	Pediatric SUD Treatment Practitioner	86.8%
Kit Carson, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	0.0%
Kit Carson, CO	SUD Treatment Facilities, ASAM 3.1	0.3%
Kit Carson, CO	SUD Treatment Facilities, ASAM 3.2 WM	0.3%
Kit Carson, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Kit Carson, CO	SUD Treatment Facilities, ASAM 3.5	92.8%
Kit Carson, CO	SUD Treatment Facilities, ASAM 3.7	0.0%
Kit Carson, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%
Lincoln, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	5.7%
Lincoln, CO	SUD Treatment Facilities, ASAM 3.1	95.3%
Lincoln, CO	SUD Treatment Facilities, ASAM 3.2 WM	95.3%
Lincoln, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Lincoln, CO	SUD Treatment Facilities, ASAM 3.5	96.0%
Lincoln, CO	SUD Treatment Facilities, ASAM 3.7	99.7%
Lincoln, CO	SUD Treatment Facilities, ASAM 3.7 WM	99.7%
Sedgwick, CO	SUD Treatment Facilities, ASAM 3.1	0.0%
Sedgwick, CO	SUD Treatment Facilities, ASAM 3.2 WM	0.0%
Sedgwick, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Sedgwick, CO	SUD Treatment Facilities, ASAM 3.7	0.0%
Sedgwick, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%

Present detailed time/distance results for members residing in Colorado's frontier counties using the accompanying MS Excel workbook template.

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

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

CHP+ MCO, Medicaid MCO, RAE

Washington, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	25.4%
Washington, CO	SUD Treatment Facilities, ASAM 3.1	70.0%
Washington, CO	SUD Treatment Facilities, ASAM 3.2 WM	68.9%
Washington, CO	SUD Treatment Facilities, ASAM 3.3	8.0%
Washington, CO	SUD Treatment Facilities, ASAM 3.7	16.7%
Washington, CO	SUD Treatment Facilities, ASAM 3.7 WM	16.7%
Yuma, CO	General SUD Treatment Practitioner	99.1%
Yuma, CO	Pediatric SUD Treatment Practitioner	98.9%
Yuma, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	93.8%
Yuma, CO	SUD Treatment Facilities, ASAM 3.1	0.0%
Yuma, CO	SUD Treatment Facilities, ASAM 3.2 WM	0.0%
Yuma, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Yuma, CO	SUD Treatment Facilities, ASAM 3.5	98.5%
Yuma, CO	SUD Treatment Facilities, ASAM 3.7	0.0%
Yuma, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%

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

In order to guarantee access to care, NHP continues to provide the opportunity for members residing in frontier counties to use telehealth for both primary medical care and behavioral health services. NCHA helps members to obtain services where they are available.

NHP offers members care coordination resources, including transportation services, so they can receive needed residential and/or inpatient care. With these care coordination resources, members can obtain higher levels of behavioral health care that are not otherwise available within the time/distance requirements.

Appendix A. Single Case Agreements (SCAs)

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

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

SCA Practitioners or SUD Treatment Facilities	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description (include ASAM levels for SUD treatment facilities)	Number of Members Served by SCA
Franklin Q. Smith	*0000000*	*Denver*	*PV050*	*Adult Only Primary Care*	
Chrysalis Behavioral Health	*0000000*	*Baca*	*BF085*	*SUD Treatment Facility, ASAM Levels 3.1 and 3.3*	
CHP+ MCO, Medicaid MCO, RAE					
COFFREN, RACHAEL	35920068	Larimer	BV132	Licensed Professional Counselors (LPCs)	
CONNER, ABBIE	24320056	Larimer	BV080	Licensed Addiction Counselors (LACs)	
DERR-MOORE, ABIGAIL	9000159543	Weld	BV132	Licensed Professional Counselors (LPCs)	
EIKE, KATHERINE	9000152519	Boulder	BV130	Licensed Clinical Social Workers (LCSWs)	
GERTNER, KARIN	9000166740	Morgan	BV132	Licensed Professional Counselors (LPCs)	
LEE, STEVEN	9000193087	Adams	BV120	Psychologists (PhD, PsyD) - General	
SHEARER, DAN	31389821	Larimer	BV080	Licensed Addiction Counselors (LACs)	
WOODY, TYLER	9000201055	Larimer	BV132	Licensed Professional Counselors (LPCs)	
COLORADO ADDICTION RECOVERY SERVICE	9000210478	Arapahoe	BF085	ASAM Level 3.5	
JOHNSTOWN HEIGHTS BEHAVIORAL HLTH	9000197846	Weld	BF085	ASAM Level 3.7 WM	

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
NORTHPOINT COLORADO LLC	9000190963	Larimer	BF085	ASAM Level 3.7 WM	[redacted]
SCL HEALTH- FRONT RANGE INC	98851365	Jefferson	BF085	ASAM Level 3.7 WM	[redacted]
SCL HEALTH- FRONT RANGE INC	98851365	Jefferson	BF085	ASAM Level 3.7	[redacted]

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
Describe the MCE's approach to expanding access to care for members with the use of SCAs. NHP approves SCA requests for out-of-network providers in some situations. This may occur when a specialty service is not available through the existing network, when a member lives outside of the time/distance standard for service, or when a member has a relationship with the provider and the SCA is needed in order to maintain continuity of care. SCAs may also be approved by NHP so that providers who are actively engaged in the contracting and credentialing process can serve members while they are completing the process. **Describe the methods used to upgrade practitioners with SCAs to fully contracted network practitioners.** High volume providers are identified by NHP through an analysis of SCA utilization data. Providers with more than five SCAs in a quarter are contacted by NHP to discuss the possibility of joining the network. If the provider elects to join the network, NHP offers the provider instruction regarding the credentialing procedures and oversees the application process through completion. In this reporting period, Rachael Coffren completed credentialing and will be in-network next quarter. Another provider, Abbie Conner, was scheduled to join the network for this reporting period; however, that did not occur and NHP will be reaching out to identify the reason and assist in the process. NHP will track the other providers for volume of SCAs and initiate recruitment. In the previous report, NHP reported Haley Ford was in process of joining the network in Q2 FY23. The process paused pending signed agreement. NHP is outreaching provider to get necessary documentation to complete the process to join the network. For SUD facilities, Colorado Addiction Recovery Service is in the credentialing process. Further, Johnstown Heights Behavioral Health and Northpoint Colorado are loaded in the system for ASAM level 3.7 WM and SCL Health - Front Range, Inc. is loaded for ASAM Level 3.7 and 3.7 WM. As a result, the listed facilities will no longer require SCAs.

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.