



**Network Adequacy Plan**

*Instructions and Narrative Report*

<b>RAE Name</b>	<b>Northeast Health Partners</b>
<b>RAE Region #</b>	<b>2</b>
<b>Reporting Period</b>	[SFY21-22 07/01/2021 – 06/30/2022]
<b>Date Submitted</b>	<b>July 23, 2021</b>
<b>Contact</b>	<b>Alma Mejorado, Director Network Development</b>

**Instructions:** The RAE’s Annual **Network Adequacy Plan** should be submitted (on or by July 31 each year) to the Department via MoveIT, be no more than 10 pages in length, and include for both its PCMP and Behavioral Health Network, how the RAE will:

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



## **Network Adequacy Plan Narrative**

Northeast Health Partners delegates network management responsibilities to Beacon Health Options (herein will be referred as NHP). NHP seeks to create, administer, and maintain a network of primary care medical providers (PCMPs) and a network of behavioral health providers to serve the needs of Medicaid members attributed to the region. To meet this function, NHP leverages existing contracts and relationships with providers in the region, as well as continuing to recruit new providers, to ensure access and maintain an adequate network to serve the primary care and behavioral health needs of Medicaid members and their families under the Regional Accountable Entity (RAE). This includes providers who have demonstrated experience providing care using a patient-centered model, clinical specialty, cultural background, or licensure level, and meet criteria for participation in the network.

During fiscal year 2021, NHP worked towards the meeting its annual goals as follows:

**1. Meet the time/distance standards for both physical health and behavioral health networks by provider type across all counties within the region 100 percent of the time.**

NHP monitored primary care and behavioral health networks on a quarterly basis through its GeoAccess analysis to measure time and distance standards at each county within the region. However, NHP was not able to make a true 12-month network comparison due to Network Adequacy Reporting requirement changes within the fiscal year. Overall, NHP maintained a strong network for physical and behavioral health providers within the region given the available providers. NHP tracked the areas and specialties where there were challenges and made attempts to fill those gaps where there were available providers. NHP succeeded in improving number of PCMPs offering OB/GYN services. NHP worked with Planned Parenthood to update their list of practitioners, which rotate between multiple locations, resulting in the addition of forty-five (45) practitioners within existing practice locations in Weld County. They improved access to Gynecology, OB/GYN (PA) from zero percent (0%) in the first quarter to eighty-nine percent (88.9%) in the fourth quarter for the urban county, Weld.

NHP conducted a review of behavioral health providers within the region under Department of Regulatory Agency (DORA) Registry, as well as a review of the MCO Affiliate Reports, and a survey to all Department of Human Services Directors to identify regional CORE providers with behavioral health licensures. The analysis showed the limited availability of independent practitioners in the region:

- The majority (95%) of the providers identified were part of contracted entities.
- No independent practitioners with behavioral licensures in specific counties within the region (i.e., Cheyenne, Phillips, and Yuma).
- Approximately eighty (80) providers identified, primarily in Weld County, did not have practices within the listed counties; demonstrating the data was outdated.
- Of the providers listed in the DORA registry, fourteen (14) providers were identified for potential recruitment; however, they did not respond to outreach efforts via phone or email as no face-to-face outreach was conducted due to the COVID-19 pandemic.

**2. Increase the percentage of primary care and behavioral health providers within the region that meet the appointment availability standards for new and existing Members by 10% by the end of the fiscal year.**

When comparing the audits conducted for PCMP locations in the first quarter versus the fourth quarter of the fiscal year, we found an overall improvement for appointment availability as follows:



Metric	First Quarter	Fourth Quarter
Availability within standards for new Medicaid member	54%	81%
Availability within standards for established Medicaid member	83%	81%
Offered same day appointments	92%	88%
Met all the standards	54%	81%

For behavioral health network, NHP found an overall reduction in the appointment availability standards from first to fourth quarter auditing. The results are as follows:

Metric	First Quarter	Fourth Quarter
Availability within standards for new Medicaid member	35%	22%
Availability within standards for established Medicaid member	48%	22%
Offered same day appointments	35%	22%
Met all the standards	35%	22%

Providers reported throughout the year reduced capacity and full caseloads due to higher demand and members continuing to engage in services. NHP is outreaching providers and reviewing expectations related to availability of appointments and the expectations for the providers audited the fourth quarter to affect improvement in the new fiscal year. We have been conscientious in this outreach as, unfortunately, some of the full caseloads are due to limited space and face-to-face capacity within offices and the comfortability and willingness for members to attend appointments with individuals based on who is or is not vaccinated.

**3. Increase the number of primary care and behavioral health providers that use telehealth services by 10% by the end of the fiscal year.**

NHP exceeded its goal to increase telehealth services within its primary care and behavioral health provider networks. For Primary Care Providers, thirty-five (35) PCMP practices who offer telehealth services in the first three (3) quarters. After the practice assessments were completed in the fourth quarter, a total of fifty-three (53) PCMP practices offered telehealth services. This was a fifty-one percent (51%) increase in telehealth services. Similarly, NHP saw a steady increase in the adoption of telehealth services for behavioral health care. At the end of the fiscal year, sixty-four (64) providers reported to offer telehealth services. This is a two hundred and twenty percent (220%) increase of behavioral health providers offering the services from the twenty (20) providers reported in the first quarter report.

Additionally, during fiscal year 2021, NHP succeeded in developing provider a network for the new SUD benefit implemented on January 1, 2021. NHP established a statewide network of twenty-four (24) contracted providers with sixty-six (66) service locations across all licensure levels with exception of ASAM level 3.3 due to the limited licensed facilities. Of the contracted providers, sixteen (16) providers with thirty (30) service locations completed their credentialing within the fiscal year. Network staff are supporting contracted facilities to complete Health First Colorado enrollment and credentialing applications. These are: Mental Health Partners, Sobriety House, Valley Hope Association, Regents of the University Colorado (ARTS), Mile High Behavioral Health Care, Peak View Behavioral Health, Denver Health Hospital Authority, and Community Reach Center. An additional four (4) providers (CeDAR, Northpointe Colorado, SummitStone Health Partners, West Pines Behavioral Health) are currently



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negotiating contracts. NHP will continue to monitor utilization, network access, and provider Medicaid enrollment to determine the need to recruit additional SUD providers into the network.

### **Behavioral Health Network Expansion**

NHP is primarily a rural and frontier region with one (1) urban county, three (3) rural counties, and six (6) frontier counties. NHP has an existing statewide network of behavioral health providers to comply with the network time and distance standards for all ages, levels of ability, gender, and cultural identities, including those with limited English proficiency. The network includes contracts and relationships with Essential Community Providers including CMHCs, FQHCs, school-based health centers, RHCs, and community safety-net clinics. Essential Community Providers offer adult and pediatric mental health and psychiatry, SUD services, and psychiatric prescribers. NHPs network also includes private/non-profit providers and SUD providers in the region.

NHPs focus is to have a strong network of providers where our members reside and request services. The availability of behavioral health providers in frontier 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, inclusiveness, and cultural awareness. As a result, NHP developed a targeted, statewide network of providers based on member residence or preferred locations for services; local providers and facilities, including partner CMHCs and FQHCs; local partnerships to coordinate services; and telehealth opportunities.

NHPs Network Expansion Priorities for fiscal year 2022 are as follows:

1. Improve access to care for services currently unavailable in the NHP region by increasing/enhancing in-region partnerships
2. Expand intensive behavioral health services including Assertive Community Treatment (ACT), Intensive Outpatient Program (IOP), Medication Assisted Treatment (MAT)
3. Improve access to care of existing network providers
4. Expand behavioral health services in non-traditional settings and integrated care settings
5. Expand telehealth utilization throughout the region for specialty services and members located in our rural and frontier areas
6. Expand Capacity to serve special populations across the continuum including members with Intellectual and Developmental Disabilities (I/DD), children in the Child Welfare system, members involved in the criminal justice system and those with housing insecurity.

NHP plans to build on network development strategies used in previous years, such as monitoring utilization and Single Case Agreement (SCA) data. NHP will enhance efforts including but not limited to:

1. Collaborate with HCPF, other RAEs and providers to create regional partnerships for services available in other regions but not available within the NHP counties. Larger providers with multiple services locations may have different programming available in each location and there may be opportunity to collaborate across the regions to align services across locations. We will review what services are offered at each location to identify services and provider types that can be added within the region. NHP will also compare contracted providers in other regions to ensure services and providers are part of the network and available to NHP members.



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2. Evaluate access to care for members with behavioral health conditions, surveying providers/stakeholders to understand where we can expand services, identify priorities for care coordination and behavioral health services and offer continuing education sessions for primary care providers to help them recognize and appropriately diagnose, treat, and/or refer members with behavioral health needs. Additionally, we will offer provider continuing education session(s) on member access standards, diagnosis, and treatment for members with behavioral health, intellectual/developmental disabilities, and culturally responsive practices.
3. Work with providers that report challenges in managing successful programs, such as Intensive Out-Patient (IOP), to better understand successes and challenges and identify ways to support them in addressing any issues. This may also include connecting the providers with existing training on billing or operations. NHP will work with HCPF's Coding Committee to improve coding and documentation requirements for the services.
4. Leverage rate negotiation with SUD providers serving children and adolescents of all levels of care, offering specialty services, or serving special populations to incentivize access and expansion. The expansion of IOP services for mental health and SUD diagnosis will be limited by ongoing statewide workforce shortages, which will require partnership with other RAEs, HCPF and OBH to address and to provide the training curriculum required to meet the new legislative credentials for SUD providers. We will also provide support to trainers to help meet this shortage.
5. Identify transportation, telehealth, and care coordination resources to assist members who may need to utilize services outside the region to ensure access to the full continuum.
6. Recruit a telehealth vendor with a network of Medicaid-enrolled providers beyond those already contracted with NHP to expand access to care. NHP will also continue to support existing providers in sustaining the availability of telehealth services and ensuring quality and compliance

All recruitment and contracting activities will be closely monitored and tracked. This ongoing analyzation will help provide early detection of any barriers and will ensure NHPs behavioral health network has the range of services available for our members. Success in network expansion will be determined by assessing the number/percent of providers that meet access to care standards quarter over quarter. Additionally, telehealth volume can be assessed to determine changes in visit volume. If there are less than two (2) practitioners that meet the behavioral health standards within the defined area for members in rural and frontier counties, NHP may recommend to HCPF to remove the time/distance requirements for those members as outlined in the contract between HCPF and NHP.

### **Primary Care Network Development**

NHP monitors the PCMP network that includes provider types and areas of expertise for Adult, Pediatric, OB/GYNs, and Family Planning. NHP contracts with any willing provider within the region that meets the criteria to qualify as a PCMP. The majority of the providers are Family Medicine practitioners, which serve all ages, levels of ability, gender, and cultural identities, including those with limited English proficiency.

NHP saw improvement in the number of PCMPs offering OBGYN services after working with contracted PCMP practices to ensure all their practitioners offering the services were properly updated in the system with OBGYN specialties. NHP improved in the time/distance standard for adults and pediatric population in part due to updates in the network adequacy requirements which allowed practitioners that serve both adults and pediatric patients to be categorized as more than just a Family Practitioner.



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NHP successfully advocated to HCPF and HSAG alongside other RAEs for this update to be reflected in the requirements to depict networks more accurately, particularly in rural and urban counties, where practitioners tend to serve all ages. NHP will continue to identify opportunities to improve network adequacy reporting that represents rural and frontier regional differences.

NHPs Network Development priorities for fiscal year 2022 are as follows:

1. Expand access to Gynecology and OB/GYN providers of all levels, including physicians and physician assistants particularly in rural and frontier counties.
2. Sustain telehealth utilization throughout the region for primary care services and members located in our rural and frontier areas.
3. Increase the overall number of PCMPs across the region.

NHP plans to identify and recruit PCMPs to strengthen the network and ensure that the network has a sufficient number of providers to serve members based on the maximum distance for their county classification. In the new fiscal year, NHP will:

1. Leverage care coordination, enhanced funding, and other NHP resources to incentivize practitioners cautious about enrolling in Medicaid to join the network.
2. Review the Department of Regulatory Agency (DORA) Registry and Enrollment Summary Report to identify providers with licensures that meet PCMP criteria.
3. Compare contracted providers in other regions to ensure services and providers are part of the network and available to NHP members.
4. Leverage community connections through PIAC and Health Neighborhood Collaborative to obtain information on potential providers in the frontier and rural counties, which may be poised to join the network.
5. Evaluate access to care for members, surveying providers/stakeholders to understand where we can expand services, identify priorities for care coordination.
6. Strengthen telehealth services throughout the region, especially in rural and frontier areas where there are not sufficient providers within the maximum distance for the county. PCMPs increased used of telehealth services during the fiscal year because of COVID-19 pandemic. NHP will work with these providers to sustain its utilization as an option to reach members.

### **Provider Network Monitoring**

NHP conducts periodic analysis of network adequacy which includes time and distance starting from the member's residence and driving to the closest available provider based on the county classification, in addition to calculating the provider-to-member ratios at the regional and county level by provider type. NHP uses the latest Quest Analytics, an industry-standard application, to conduct a geographic access (GeoAccess) mapping analysis. As noted within the State's 1915(b)(3) waiver, in the event there are less than two (2) practitioners that meet PCMP standards within the defined area, then the Contractor shall not be bound by the requirements i.e. time/distance requirements. NHP will continue to analyze this data due to our region having six (6) frontier counties and access is often closer outside of the county/region which than is not included in the ratios.

### **Appointment Wait Times**

As required by Health First Colorado, both PCMPs and behavioral health providers are expected to maintain office hours which are convenient to the population served and are offered to all clients without payer discrimination. Appointments are expected to be available based on the urgency of the





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request as follows, routine appointments within seven (7) days of the request, urgent access is available within twenty-four (24) hours of the request, and for behavioral health providers emergent access is available within fifteen (15) minutes by phone or one (1) hour for face-to-face services within an urban area (two hours [2] within a rural or frontier area).

Appointment availability is audited on a quarterly basis and all in network providers are audited at least once during the fiscal year. Providers who are unable to demonstrate compliance are provided education and supports on the appointment availability standards, and have another audit conducted within ninety (90) days.

Ensuring members have access to care within the identified timelines is clinically important as well as a driver for quality. Providers may receive a request for a corrective action plan (CAP) should they not demonstrate improvement at the 90-day re-audit time period to identify the access issue and how we can help improve access. During this process, providers would offer a written response and NHP would work with the provider to offer support and education. Ninety (90) days after the CAP is accepted, providers will be audited to demonstrate improvement in meeting access to care standards. If a provider remains non-compliant, the provider will be recommended for review to the Quality Oversight Care Committee (QOCC). Based on the QOCC review, determination may include panel closures, suspension of referrals, continuation of the CAP, or other activities deemed appropriate up to termination from the network.

### ***Accepting new Members***

NHP continues to monitor access to care for new members through access to care audits and reported member feedback. Should a provider be unable to maintain access standards, NHP works with the provider to identify if supports are needed and determine if the primary issue relates to workflow concerns or capacity issues. Upon completion of this process a subsequent audit is conducted to ensure the practice is fully functional and can meet access to care standards. Providers are educated through provider trainings and newsletter reminders about the option to update their status if they are not accepting new members. The provider's status can be changed back to accepting new members as soon as they are able to do so.

Throughout 2020 we saw a shift in behavioral health providers regularly at capacity with an increase in new requests for services and members maintaining engagement in services, mostly due to telehealth availability. Some PCMP's also saw fluctuation in new member requests although most saw a decrease in requests. Fortunately, these fluctuations did not impact their ability to accept new members.

Looking forward to FY21-22, NHP will continue to educate providers on access standards for new members, continue to audit access to care, and where appropriate, recruit new providers into the network to maintain network adequacy.

### ***Accessible Facilities***

NHP validates information on the Provider Directory on an on-going basis which includes appropriate identification of provider locations as accessible. This is completed through data integration from CAQH to maintain accurate records for network providers in Beacon's system. Provider Relations conducts on-going phone outreaches to providers that do not have a CAQH profile to validate the information on the provider directory and reminds providers to keep this information up to date during provider training sessions.



NHP website has trainings available on how they can directly update their demographic information through Beacon's provider portal and CAQH, which includes reporting the physical access and/or accessible equipment information for each of their practice locations.

### ***After-hours and Weekend Availability***

During the previous fiscal year, PCMPs reporting expanded hours decreased slightly from thirty-four percent (34.4%) in the first quarter to thirty-one percent (30.8%) in the fourth quarter. This may in part be attributed to PCMPs ramping up their clinics due to COVID-19. Behavioral health practitioners reported a slight increase in expanded hours from twenty-six percent (25.91%) in the first quarter and almost twenty-nine percent (28.6%) in the fourth quarter.

NHP did not see an improvement in the availability of expanded hours due to the challenges posed during COVID-19 pandemic which included workforce shortages. NHP is working with providers on how telehealth services can be leveraged to expand hours and increase access to care.

### ***Cultural Expertise***

In numerous communities and provider locations, postings are offered in multiple languages, including Somali and Rohingya, which are two (2) top languages spoken by refugees in our region. Navigation of systems, with the language spoken by the individual, is also available through the Immigrant and Refugee Center of Northern Colorado. Sunrise Community Health holds the State contract to serve as the assessment center for refugees and link these individuals to necessary care and resources.

We are working with leaders in health equity and diversity to educate and address disparities in health care. NHP has held town halls featuring Karen McNeil, Colorado Health Foundation and Dr. Mark Wallace to discuss systemic racism and barriers to care for our members. We have contracted with Servicios De La Raza and PDF consulting to hold focus groups with various community members including members of color, refugees, and migrant populations. We have also sponsored additional programming the Northern Colorado Refugee Center to enhance services being offered to the refugee communities in our region.

NHP surveyed PCMPs to learn about the barriers in accessing specialty behavioral health services. Based on PCMP and other provider feedback, child and adolescent behavioral health services focusing on suicidal ideation, depression, anxiety, and substance use are the most prevalent needs. Barriers to services identified by providers from caregivers were concerns about youth using medications, reluctance to accept diagnosis, and limited access to providers that specialize in serving child and adolescent age groups. Additionally, NHP conducted a six (6) month analysis of Single Case Agreement (SCA) utilization to identify gaps in the network. The areas of need identified were providers that can serve LGBTQ+ members and perform with cultural competence. To address these gaps in care, NHP will:

- Continue to support the FQHCs in our region adhere to the Health Resources and Services Administration (HRSA) guidelines, which outline requirements for cultural competency. NHP supports the creation of culturally competent shared goals with the member and their support system through our care coordinators work with members and through our providers across the region.
- Target recruitment providers who have cultural expertise, specifically who have specialties to treat LGBTQ+ individuals or members who speak languages other than English.
- Continue to develop network provider's cultural competence to increase capacity to treat a wider range of Medicaid members and improve member experience.





NHP continues to seek new training content related to cultural inclusivity. In April 2021, we provided access to a free training course, Historical Trauma to Modern Oppression, an effort to provide a new and relevant look at this topic. While we request providers to complete a cultural competency training, we are also working to access additional training content. As with other trainings, successful training sessions will be assessed through post-training surveys on skills learned with follow-up surveys on the application of those skills.

NHP will continue to work with providers to obtain complete and accurate information about the practice's information including cultural expertise. NHP obtains information of providers with cultural expertise through provider self-reporting. This is determined through language and specialty availability. For behavioral health providers, they report their competencies during their initial credentialing and re-credentialing. PCMPs report cultural competency during contracting and through assessments of practices. Providers can update their information through Beacon's provider portal, which informs the information available to members through the provider directory.

#### *Health Neighborhood Partners*

Building up on our focus in the previous year to communicate with the full spectrum of health neighborhood providers, NHP will expand this network in the upcoming year. The Population Health Strategic Plan for SFY 21-22 outlines how we will support and expand the health neighborhood in our region by developing, engaging, and supporting both physical health and behavioral health providers through administrative and performance payments that reward improved outcomes. In addition, NHP specifically prioritizes areas of need that are most pressing in our region, within the health neighborhood this is Substance Use Disorder (SUD) services. NHP will take steps to expand the health neighborhood of SUD providers by recruiting new providers, enhancing transportation options, and developing regional programs.

Based upon provider and community feedback NHP will continue with the quarterly Health Neighborhood Forums implemented in the prior year. These forums provide opportunity to engage with the full spectrum of health neighborhood providers as well as receive feedback from these community providers. Participants engaged in these forums include physical and behavioral health providers; DHS; CMP; hospitals; LTSS providers; Public health, home health, and hospice providers; DentaQuest; Single Entry Points (SEP); and Area Agency on Aging, CDPHE, Servicios De La Raza, Colorado Health Foundation, Office of Behavioral Health and HCPF leadership in addition to local community agencies that assist with serving the community.

#### *Serving Members with Complex Needs*

NHP maintains the previously established partnership with community organizations who are managing the care of our members identified as having complex needs, including those who are multi-system involved such as members in the Child Welfare and Department of Corrections systems. North Colorado Health Alliance (NCHA) provides care coordination services to approximately eighty-five percent (85%) of NHPs members and offers community-based population health management and prevention services, including First Steps, Prenatal Plus, healthy food/nutrition initiatives, insurance enrollment access, before-school walking and running programs, school-based health and wellness planning, opioid abuse prevention support, health connector services, and tobacco cessation tools. NCHA works directly with the member's attributed PCMP to coordinate and review member care, alert providers of potential gaps in care, and coordinate community services. NHPs Federally Qualified Health Centers (FQHCs) and one



large physician group are delegated for care coordination and cover the remaining fifteen percent (15%) of the membership. NHP supports their focus on their population condition management programs and offers resources to ensure the region is effective and efficient in achieving member care goals.

Utilizing HCPF's definition of complex members, NHP will identify members based on complexity and ability to impact. These members will be coordinated via NCHA who outreach the members to ensure successful access to provider and regional programs. NHP assists members identified with complex needs to connect with their providers who are offering services that meet clinical standards of care, best practices, or are identified as promising local initiatives. NHP supports providers with data stratification, population management, cross-disciplinary collaboration, and continuous quality improvement efforts through our practice transformation work.

NHPs delegated care coordination entities have dedicated Registered Nurses, care managers, care coordinators and health navigators working with complex members addressing high-risk complex needs and will engage providers in the use of protocols. NHP has also awarded grants to multiple local providers to enhance their efforts to address and treat the growing need of addressing diabetes and pre-diabetes. We are supporting NCHA in building a region wide program in addition to four local clinic-based programs to address the needs of our Medicaid members. We will be monitoring and tracking the data and outcomes of these programs over the next 12 months.

#### *Behavioral Health Providers Accepting Certifications*

On an annual basis, NHP surveys all Community Mental Health Centers (CMHCs) across the state to confirm acceptance of certifications and will continue to monitor changes in these providers. Based on the feedback received, seven (7) CMHCs accept mental health certifications, including one that is within the region: North Range Behavioral Health (within the region), Mental Health Partners, The Center for Mental Health, Mind Springs Health, Diversus Health, Solvista Health, and Southeast Behavioral Health. In the new fiscal year, NHP will work with CMHCs to seek opportunities to increase acceptance of mental health certifications.

#### **Data Management**

NHP identified improving provider data as one of our top strategic priorities for 2020 and going forward. Beacon, NHPs ASO, is working on a multi-year investment with targeted completion date of 2022 for a Unified Provider Database (UPD). The system is expected to help improve both provider data quality and speed to make updates in provider data. As part of the project, Beacon will be deploying CAQH 2.0. In the short term, Beacon has launched multiple data quality improvement initiatives focused in three (3) work streams:

1. Improving initial data quality.
2. Improving analytics and reporting on data quality.
3. Interrogating our data to identify data quality issues and correct data quality issues.

NHP has completed multiple data corrections and continues to do so. Also, NHP is conducting ongoing provider outreach and education to promote timely provider updates regarding NPI updates, Practices Accepting New Patients and Office Hours. This component will be ongoing to maintain data quality.



***Provider Directory***

NHP publishes the provider directory on its website at least once a month on the following URL: <https://www.northeasthealthpartners.org/members/find-a-provider/>. Members can view provider name, address, telephone, email, and website (if available). The provider directory also includes information about the practice's compliance with ADA standards, which includes physical access, reasonable accommodations, and accessible equipment. In addition, the provider directory details the provider's capacity to accept new Medicaid members, offer cultural and language expertise (including ASL), and after hours and weekend appointment availability. Should a member need additional assistance in identifying a provider in their specific preferences or needs, they can contact the Member Services Department by calling 1-888-502-4189. They may also call to request the provider directory in paper or electronic form.