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: *July 31, 2023*

Report due by *07/31/2023*, covering the MCE's network from *04/01/2023 – 06/30/2023*, FY*23* Q*4*

—Final Copy: June 2023 Release—

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1. Instructions for Using the Network Adequacy Quarterly Report Template

This document contains the June 2023 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_0623* 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., June 30, 2023, for the quarterly report due to the Department on July 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., June 30, 2023, for the quarterly report due to the Department on July 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	113,359	N/A	111,477	N/A
Total primary care practitioners (i.e., PROVCAT codes beginning with "PV" or "PG")	367	N/A	364	N/A
Primary care practitioners accepting new members	343	93.5%	340	93.4%
Primary care practitioners offering after-hours appointments	112	30.5%	112	30.8%
New primary care practitioners contracted during the quarter	0	0.0%	0	0.0%
Primary care practitioners that closed or left the MCE's network during the quarter	1	0.3%	3	0.8%

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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. During FY23, NHP retained its existing network of Primary Care Medical Providers (PCMP) that is regional and organized by licensure level type. Barriers to growing the network to meet access standards for one or more types of licensure persisted throughout the year, including reporting quarter. NHP did not identify any PCMPs to recruit for contracting during this reporting period. As reported in the other Network Adequacy Reports of this fiscal year, there continues to be a lack of Physician Assistants (PA) in rural and frontier counties within the time/distance standard. As reported in previous deliverables, some rural areas in Weld County do not contain any practitioners within the mandated 30 miles/30 minutes radius; however, Weld County has received an urban designation. A "dual-designation" status has proven to be advantageous in some counties, such as Larimer County. However, due to Weld County's rural areas, it is a challenge for them to comply with urban standards. NHP continues to advocate for using industry standards, which require 90-95% of members to meet geoaccess standards. HCPF requires 100%, which has resulted in an additional barrier that affects NHP's ability to sustain a sufficient network. NHP had 95%-99.9% coverage across most of the region during this reporting period, which did not quite meet the standard. **Describe how the MCE ensures members' access to family planning services offered by any appropriate physical health practitioner, practice group, or entity.** NHP uses various strategies to ensure member access to family planning services, such as including practitioners who provide family planning services in its PCMP network. Further, NHP conducts monthly onboarding sessions to provide information to members regarding family planning and other benefits, as well as instructions on how they can access services. Members can obtain help finding family planning services within NHP's network through Member Services. If it is found that services are not available in the region, Member Services utilizes the State's provider directory to assist members in finding providers who are outside of the network but still within the wider Medicaid network. Finally, any member complaints about access to services are overseen by Member Services. During FY23, no complaints were 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 2,480 members received family planning services during Q3 of FY23, which is the latest available data. This was a slight uptick from the previous quarter, and an overall 10% change from 2,768 members accessing family planning services during Q3 of FY22 (Figure 1). There is no indication of changes in the availability of services for members during this period. The decline may be attributed to changes in membership.

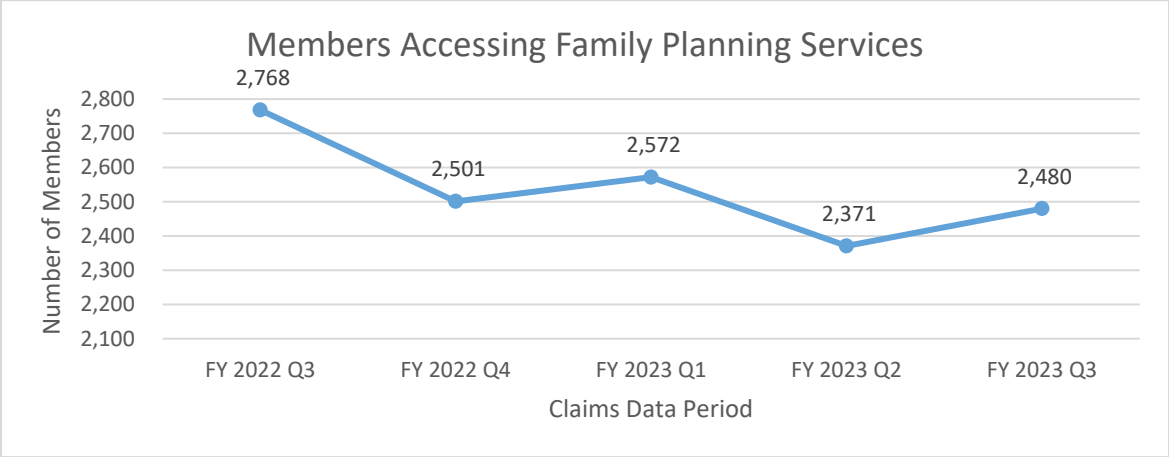

Figure 1

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.

NHP works to ensure that the barriers outlined above are minimized so members can obtain needed services. One strategy that NHP utilized to minimize barriers is the promotion of telehealth. As stated in the previous report, 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 Care on Location as a resource for members on the NHP website. In Q3 of FY23, telehealth utilization for physical health services accounted for 4.02% of the total claims paid through Fee-For-Service (FFS) Medicaid. Data for Q4 of FY23 was not available due to claims data lag. As illustrated in Figure 2, the trend remains similar to reports throughout this fiscal year.

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

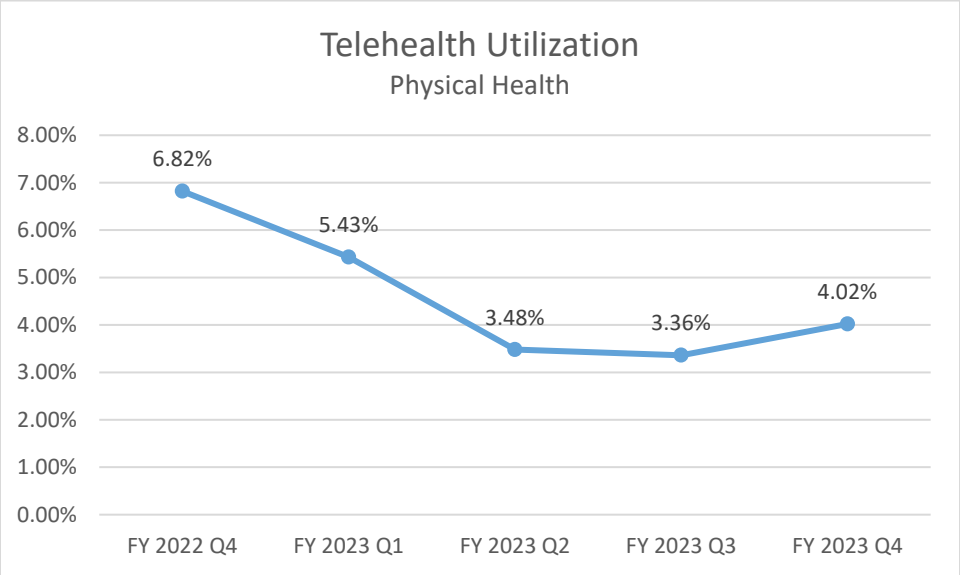

Figure 2

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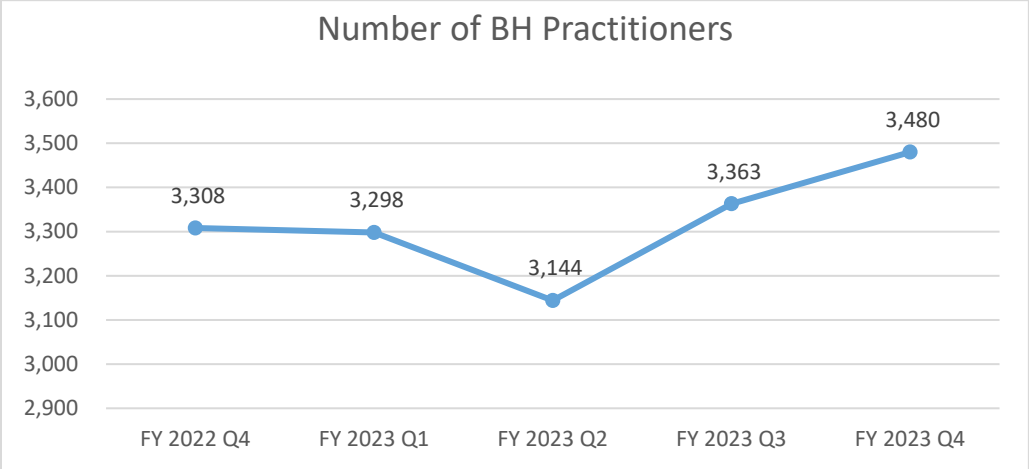
Table 2A–Establishing and Maintaining the MCE Network: Behavioral Health Data

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO, RAE				
Total members	113,359	N/A	111,477	N/A
Total behavioral health practitioners (i.e., PROVCAT codes beginning with "BV" or "BG")	3,363	N/A	3,480	N/A
Behavioral health practitioners accepting new members	3,363	100%	3,480	100%
Behavioral health practitioners offering after-hours appointments	1,455	43.3%	1,450	41.7%
New behavioral health practitioners contracted during the quarter	273	8.1%	200	5.7%
Behavioral health practitioners that closed or left the MCE's network during the quarter	54	14.9%	83	2.3%

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	32	35
Total SUD treatment facilities offering ASAM Level 3.7 services	20	21
Total SUD treatment facilities offering ASAM Level 3.2 WM (Withdrawal Management)	22	22
Total SUD treatment facilities offering ASAM Level 3.7 WM services	11	12

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
During FY23, NHP maintained a statewide network of behavioral health providers to offer the full continuum of care covered by the RAEs. As illustrated in Figure 3, NHP maintained an open network, which resulted in an increase in the number of practitioners from Q4 of FY22 to Q4 of FY23.    Figure 3 NHP continued to monitor the behavioral health penetration rate during this reporting period. As shown in Figure 4, NHP maintained a stable penetration rate during FY23.

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

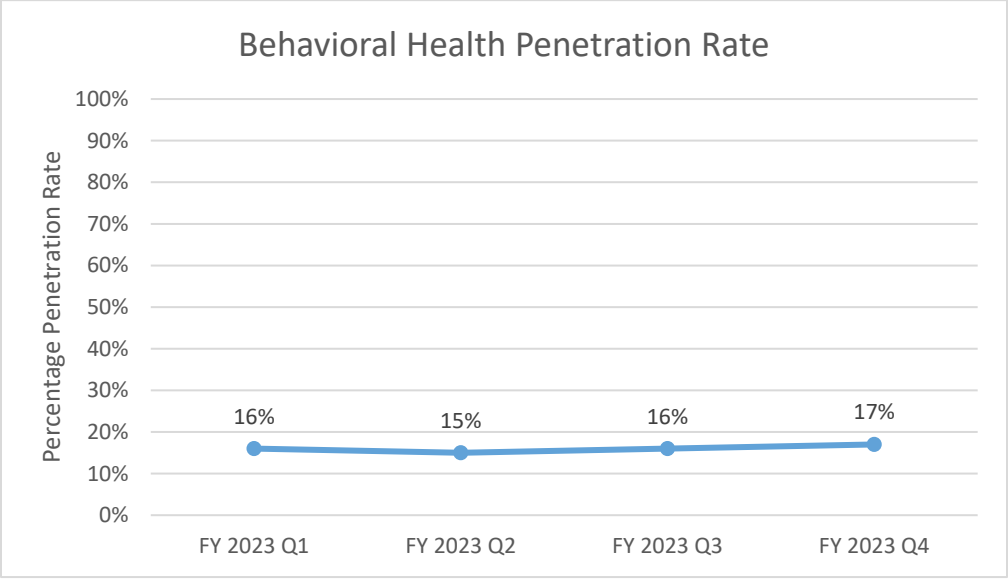


Figure 4

Despite the growth in providers, some counties did not meet access to care standards for one or more provider or facility type at the beginning of the year. These counties continued to be a weakness for NHP with barriers noted below. These barriers were communicated throughout the fiscal year.

NHP continues to lack sufficient SUD treatment facilities across all ASAM levels within the region. This shortage has a critical effect on NHPs ability to meet full member coverage. If a member is in need of this level of care, NHP arranges transportation for the member to receive services outside of the region.

As stated in previous reports, Region 2 continues to lack 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 in the region is not possible.

Finally, Evaluation & Management (E&M) services are the primary services for which providers are billing. NHP is required to contract with prescribers when it is not financially responsible for the payment of these E&M codes. As a result, prescribers no longer have an incentive 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.

NHP offered telehealth services throughout the fiscal year and added new telehealth providers with the goal of bolstering members' access to covered services. In Q3 of FY23, 5.2% of all service costs were rendered through telehealth (data for Q4 of FY23 is not currently available due to data lag). NHP saw a consistent decline in telehealth utilization during FY23 from Q3 of FY22 (Figure 5). This is likely due to the Public Health Emergency ending, and a preference for practitioners to return to in-person appointments. However, telemedicine utilization has been stable over the past year.

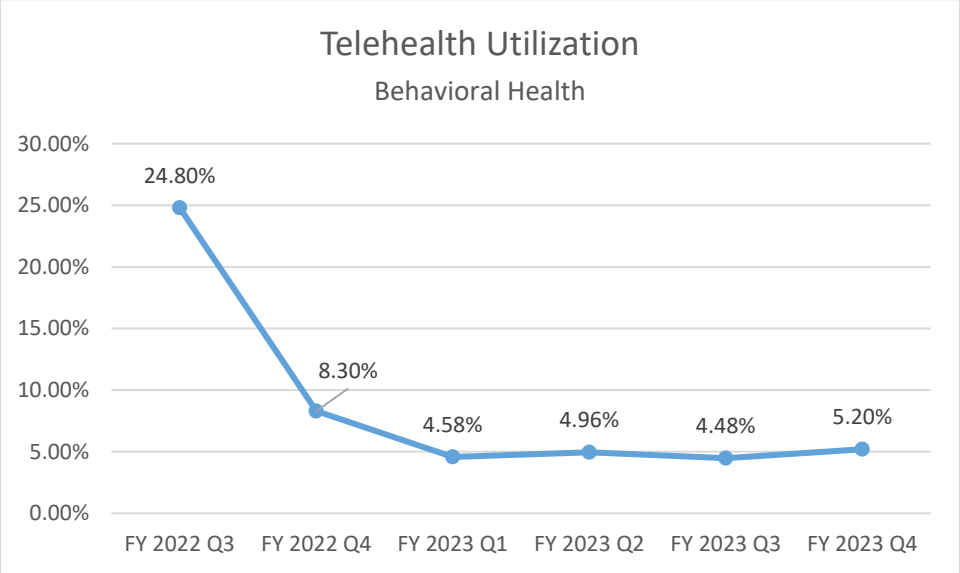


Figure 5

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
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. NHP continuously works to incorporate ASAM levels of care into the complete range of SUD treatment, but the barriers noted in previous reporting periods continued to cause challenges. Among these barriers are 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 Although there has been some improvement to the negative impacts of these barriers since the ASAM levels of care were implemented, NHP continues to address lack of provider understanding of ASAM criteria and clear communication on the level of care being requested for authorization. NHP continues to educate existing providers on authorization procedures and documentation requirements. As a result of this training, NHP has identified improved care coordination and less overall difficulty around these elements. Another strategy used by NHP is the provision of outreach and education regarding the enrollment process and member resources to practices that show discrepancies in Medicaid enrollment. Fewer discrepancies with Medicaid enrollment have been noted due to this strategy. NHP uses ongoing communication between the NHP Clinical Department and SUD facilities 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. This internal tracking system allows placements to be handled and connections to outpatient treatment and case management services to be coordinated.

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

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

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

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

3. Network Changes and Deficiencies

Network Changes

Supporting contract reference: The MCE shall report in writing to the Department, all changes 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
NHP did not experience any network deficiencies or material changes to the PCMP network that affected service delivery, availability, or capacity within the network. NHP did experience two behavioral health facility terminations. In both situations, the changes did not lead to network deficiencies or material changes to the behavioral health network that affected service delivery, availability, or capacity within the network. They facilities were: Chanda Center for Health (CAS ID 986308) located in Lakewood submitted a voluntary termination. Effective date is 5/31/2023. Based on review of services offered and service location, NHP members have minimum impact to access to care for Chanda Center for Health. Further, there was no current utilization history requiring members to be transitioned from their services. Nuleaf Counseling Center (CAS ID 1041131) located in Sterling terminated due to no response to recredentialing process effective date is 5/3/2023. Due to the location of the facility, NHP conducted multiple outreaches via mail, phone, and email; all communications returned as not delivered. Further, NHP conducted a claims review to identify any members that would require transition and there were zero claims submitted in past 12 months.

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

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

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Inadequate Network Policies

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

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

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

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

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

Table 8–CHP+ MCO Provider Network Changes: Discussion

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

Appointment Timeliness Standards

Supporting contract reference: The MCE shall 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
PCMPs are audited by NHP to ensure that they comply with members' access to care standards as required by Health First Colorado. NHP audits PCMPs on access to care standards by location within RAE Region 2 each year. Timeliness of appointment availability is measured and analyzed by NHP through surveys sent to PCMPs through email and telephone calls. During this Q4 FY23 audit period, NHP outreached nine PCMPs to request appointment availability information. NHP's survey focuses on the following four questions in an effort to understand 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 HCPF's 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	14	9
New Health First Colorado Routine/Non-Urgent appointments within Seven days: Met Requirements	10	7	9	1
Established Health Colorado Routine/ Non-Urgent appointment within seven days Next Available: Met Requirements	14	7	9	1
Urgent Access 24 hours: Met Requirements	14	10	9	1
Well-Care Access (1 month): Met Requirements	13	10	9	1

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

Follow up audits from previous quarters	6	3	4	9
All Requirements Met	1	0	4	0

The FY23 Q4 number of PCMP locations audited within the NHP region is lower than previous quarters due to reporting same provider at multiple locations within the same quarter audit time period. This helps the provider to report all locations in one access to care survey.

NHP evaluates PCMPs located within RAE Region 2 for Health First Colorado members' access to care standards. NHP sends a letter to providers that informs them whether their access to care audit results are passing or failing. This letter contains information and education for the provider about access to care standards and expectations. Providers that fail the access to care audit are re-audited in 90 days, and NHP may require a corrective action plan (CAP).

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 RAE Region 2 are audited yearly by NHP to measure Health First Colorado members' access to care standards. During this Q4 FY23 reporting period, 25 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.

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

BH Audit Reporting Period	Q1 Audits	Q2 Audits	Q3 Audits	Q4 Audits
Total BH Locations within the NHP Region	29	28	28	25
New Health First Colorado Routine/Non-Urgent appointments within seven days: Met Requirements	12	2	7	6
Established Health First Colorado Routine/Non-Urgent appointment within seven days: Met Requirements	17	4	7	7
Urgent Access 24 hours: Met Requirements	16	3	5	5
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.	11	2	3	1
Follow up audits from previous quarters	5	1	5	25
All Requirements Met	4	1	1	8

Behavioral Health Providers within RAE Region 2 are evaluated by NHP for Health First Colorado members' access to care standards. NHP sends access to care pass or fail audit result letters to providers that were audited during this Q4 FY23 reporting period. These letters inform and educate 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 CAP 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).

COLORADO
Department of Health Care Policy & Financing

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. NHP's sole urban county, Weld County, is the county in which the majority of NHP's members (64.8%) reside. As indicated in Tables 2A-2C above, NHP added behavioral health practitioners and SUD providers throughout the year, particularly during Q4. However, this did not yield significant change in the analysis of the network time and distance standards, due to the location of the new services. **Physical Health** For PCMPs, the requirement for urban counties in the region is to have 100% coverage of two providers within 30 minutes or 30 miles. Similar to the previous report, NHP almost met the standard for all primary care provider types for all ages with 99.7% coverage. **Mental Health Services** NHP is required for its urban counties to have 90% coverage of two mental health practitioners within 30 minutes or 30 miles. NHP met the standard for Psychiatrists and other Psychiatric Prescribers as well as Behavioral Health for all ages with 99.7% coverage. **SUD Services** NHP is required to have 100% coverage of two SUD practitioners and one facility for SUD and psychiatric services within 30 minutes or 30 miles in urban counties. Similar to what was reported in previous quarterly reports, NHP almost met the time/distance requirements for SUD Treatment Practitioners of all ages and SUD Treatment Facilities, with 98.2% to 99.6% coverage.

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

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%

Mental Health Services

County	Licensure Type	Percentage Coverage
Weld, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	22.6%

SUD Services

County	Licensure Type	Percentage Coverage
Weld, CO	General SUD Treatment Practitioner	99.6%
Weld, CO	Pediatric SUD Treatment Practitioner	99.6%
Weld, CO	SUD Treatment Facilities, ASAM 3.1	99.3%
Weld, CO	SUD Treatment Facilities, ASAM 3.2 WM	99.3%
Weld, CO	SUD Treatment Facilities, ASAM 3.3	96.3%
Weld, CO	SUD Treatment Facilities, ASAM 3.5	99.3%
Weld, CO	SUD Treatment Facilities, ASAM 3.7	98.3%
Weld, CO	SUD Treatment Facilities, ASAM 3.7 WM	98.2%

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
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. As reported in other quarterly reports for FY23, NHP utilizes specific strategies to ensure access to care for members. 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. Northern Colorado Health Alliance (NCHA) helps members to obtain services where they are available. Further, NHP continues to offer 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.

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 urban counties using the accompanying MS Excel workbook template. Of NHP's 10 counties, three are designated as rural counties (Logan, Morgan, and Phillips Counties). As indicated in Tables 2A-2C above, NHP added behavioral health practitioners and SUD providers throughout the year and particularly during Q4. However, this did not yield significant change in the analysis of the network time and distance standards, due to the location of the new services.

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

Physical Health

For PCMPs, the requirement for rural counties in the region is to have 100% coverage of two providers within 45 minutes or 45 miles. NHP met the time/distance requirements for the following:

County	Licensure Type	Percentage Coverage
Logan, CO	Adult Primary Care (MD, DO, NP)	100%
Logan, CO	Pediatric Primary Care (MD, DO, NP)	100%
Logan, CO	Family Practitioner (MD, DO, NP)	100%
Morgan, CO	Adult Primary Care (MD, DO, NP)	100%
Morgan, CO	Adult Primary Care (PA)	100%
Morgan, CO	Pediatric Primary Care (MD, DO, NP)	100%
Morgan, CO	Pediatric Primary Care (PA)	100%
Morgan, CO	Family Practitioner (MD, DO, NP)	100%
Morgan, CO	Family Practitioner (PA)	100%
Phillips, CO	Adult Primary Care (MD, DO, NP)	100%
Phillips, CO	Pediatric Primary Care (MD, DO, NP)	100%
Phillips, CO	Family Practitioner (MD, DO, NP)	100%

Mental Health Services

NHP is required for its rural counties to have 90% coverage of two mental health practitioners within 60 minutes or 60 miles. NHP met the time/distance requirements for the following:

County	Licensure Type	Percentage Coverage
Logan, CO	General Psychiatrists and Other Psychiatric Prescribers	100%
Logan, CO	General Behavioral Health	100%
Logan, CO	Pediatric Psychiatrists and Other Psychiatric Prescribers	100%
Logan, CO	Pediatric Behavioral Health	100%
Logan, CO	Pediatric SUD Treatment Practitioner	100%
Morgan, CO	General Psychiatrists and Other Psychiatric Prescribers	100%
Morgan, CO	General Behavioral Health	100%

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

Morgan, CO	Pediatric Psychiatrists and Other Psychiatric Prescribers	100%
Morgan, CO	Pediatric Behavioral Health	100%
Morgan, CO	Pediatric SUD Treatment Practitioner	100%
Phillips, CO	General Psychiatrists and Other Psychiatric Prescribers	100%
Phillips, CO	General Behavioral Health	100%
Phillips, CO	Pediatric Psychiatrists and Other Psychiatric Prescribers	100%
Phillips, CO	Pediatric Behavioral Health	100%
Phillips, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	100%

SUD Services

NHP is required to have 100% coverage of two SUD practitioners and one facility for SUD and psychiatric services within 60 minutes or 60 miles in rural counties. NHP met the time/distance requirements for the following:

County	Licensure Type	Percentage Coverage
Logan, CO	General SUD Treatment Practitioner	100%
Logan, CO	Pediatric SUD Treatment Practitioner	100%
Logan, CO	SUD Treatment Facilities, ASAM 3.5	100%
Morgan, CO	General SUD Treatment Practitioner	100%
Morgan, CO	Pediatric SUD Treatment Practitioner	100%
Phillips, CO	SUD Treatment Facilities, ASAM 3.5	100%

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

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
Logan, CO	Adult Primary Care (PA)	99.9%
Logan, CO	Pediatric Primary Care (PA)	99.9%
Logan, CO	Family Practitioner (PA)	99.9%
Phillips, CO	Adult Primary Care (PA)	98.6%
Phillips, CO	Pediatric Primary Care (PA)	98.2%
Phillips, CO	Family Practitioner (PA)	98.4%

Mental Health Services

County	Licensure Type	Percentage Coverage
Logan, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	1.1%
Morgan, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	0.0%

SUD Services

County	Licensure Type	Percentage Coverage
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	SUD Treatment Facilities, ASAM 3.1	95.3%
Morgan, CO	SUD Treatment Facilities, ASAM 3.2 WM	81.6%
Morgan, CO	SUD Treatment Facilities, ASAM 3.3	10.7%

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

Morgan, CO	SUD Treatment Facilities, ASAM 3.5	99.9%
Morgan, CO	SUD Treatment Facilities, ASAM 3.7	10.9%
Morgan, CO	SUD Treatment Facilities, ASAM 3.7 WM	10.4%
Phillips, CO	General SUD Treatment Practitioner	99.3%
Phillips, CO	Pediatric SUD Treatment Practitioner	98.4%
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 frontier Colorado counties where the MCE does not meet the time/distance requirements.

As reported in other quarterly reports for FY23, NHP uses specific strategies to ensure access to care for members. 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.

Further, NHP continues to offer 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.

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 NHP's counties (six out of 10) are designated as frontier counties. These counties include Cheyenne, Kit Carson, Lincoln, Sedgwick, Washington, and Yuma. As indicated in Tables 2A-2C above, NHP added behavioral health practitioners and SUD providers through the year, particularly during Q4. However, this did not yield significant change in the analysis of the network time and distance standards, due to the location of the new services.

Physical Health

For PCMPs, the requirement for frontier counties in the region is to have 100% coverage of two providers within 60 minutes or 60 miles. NHP met the time/distance requirements for:

County	Licensure Type	Percentage Coverage
Cheyenne, CO	Adult Primary Care (MD, DO, NP)	100%
Cheyenne, CO	Pediatric Primary Care (MD, DO, NP)	100%
Cheyenne, CO	Family Practitioner (MD, DO, NP)	100%
Kit Carson, CO	Adult Primary Care (MD, DO, NP)	100%
Kit Carson, CO	Adult Primary Care (PA)	100%
Kit Carson, CO	Pediatric Primary Care (MD, DO, NP)	100%
Kit Carson, CO	Pediatric Primary Care (PA)	100%
Kit Carson, CO	Family Practitioner (MD, DO, NP)	100%
Kit Carson, CO	Family Practitioner (PA)	100%
Lincoln, CO	Adult Primary Care (MD, DO, NP)	100%
Lincoln, CO	Adult Primary Care (PA)	100%
Lincoln, CO	Pediatric Primary Care (MD, DO, NP)	100%
Lincoln, CO	Pediatric Primary Care (PA)	100%
Lincoln, CO	Family Practitioner (MD, DO, NP)	100%
Lincoln, CO	Family Practitioner (PA)	100%
Sedgwick, CO	Adult Primary Care (MD, DO, NP)	100%
Sedgwick, CO	Pediatric Primary Care (MD, DO, NP)	100%

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

Sedgwick, CO	Family Practitioner (MD, DO, NP)	100%
Washington, CO	Adult Primary Care (MD, DO, NP)	100%
Washington, CO	Adult Primary Care (PA)	100%
Washington, CO	Pediatric Primary Care (MD, DO, NP)	100%
Washington, CO	Pediatric Primary Care (PA)	100%
Washington, CO	Family Practitioner (MD, DO, NP)	100%
Washington, CO	Family Practitioner (PA)	100%
Yuma, CO	Adult Primary Care (MD, DO, NP)	100%
Yuma, CO	Adult Primary Care (PA)	100%
Yuma, CO	Pediatric Primary Care (MD, DO, NP)	100%
Yuma, CO	Pediatric Primary Care (PA)	100%
Yuma, CO	Family Practitioner (MD, DO, NP)	100%
Yuma, CO	Family Practitioner (PA)	100%

Mental Health Services

NHP is required for its frontier counties to have 90% coverage of two mental health practitioners within 90 minutes or 90 miles. NHP met the standard for Psychiatrists and other Psychiatric Prescribers as well as Behavioral Health for all ages.

County	Licensure Type	Percentage Coverage
Cheyenne, CO	General Psychiatrists and Other Psychiatric Prescribers	100%
Cheyenne, CO	General Behavioral Health	100%
Cheyenne, CO	Pediatric Psychiatrists and Other Psychiatric Prescribers	100%
Cheyenne, CO	Pediatric Behavioral Health	100%
Kit Carson, CO	General Psychiatrists and Other Psychiatric Prescribers	100%
Kit Carson, CO	General Behavioral Health	100%

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

Kit Carson, CO	Pediatric Psychiatrists and Other Psychiatric Prescribers	100%
Kit Carson, CO	Pediatric Behavioral Health	100%
Lincoln, CO	General Psychiatrists and Other Psychiatric Prescribers	100%
Lincoln, CO	General Behavioral Health	100%
Lincoln, CO	Pediatric Psychiatrists and Other Psychiatric Prescribers	100%
Lincoln, CO	Pediatric Behavioral Health	100%
Sedgwick, CO	General Psychiatrists and Other Psychiatric Prescribers	100%
Sedgwick, CO	General Behavioral Health	100%
Sedgwick, CO	Pediatric Psychiatrists and Other Psychiatric Prescribers	100%
Sedgwick, CO	Pediatric Behavioral Health	100%
Sedgwick, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	100%
Washington, CO	General Psychiatrists and Other Psychiatric Prescribers	100%
Washington, CO	General Behavioral Health	100%
Washington, CO	Pediatric Psychiatrists and Other Psychiatric Prescribers	100%
Washington, CO	Pediatric Behavioral Health	100%
Yuma, CO	General Psychiatrists and Other Psychiatric Prescribers	100%
Yuma, CO	General Behavioral Health	100%
Yuma, CO	Pediatric Psychiatrists and Other Psychiatric Prescribers	100%
Yuma, CO	Pediatric Behavioral Health	100%

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

SUD Services

NHP is required to have 100% coverage of two SUD practitioners and one facility for SUD and psychiatric services within 90 minutes or 90 miles for frontier counties. NHP met the time/distance requirements for:

County	Licensure Type	Percentage Coverage
Cheyenne, CO	General SUD Treatment Practitioner	100%
Cheyenne, CO	Pediatric SUD Treatment Practitioner	100%
Cheyenne, CO	SUD Treatment Facilities, ASAM 3.5	100%
Lincoln, CO	General SUD Treatment Practitioner	100%
Lincoln, CO	Pediatric SUD Treatment Practitioner	100%
Lincoln, CO	SUD Treatment Facilities, ASAM 3.5	100%
Lincoln, CO	SUD Treatment Facilities, ASAM 3.7	100%
Lincoln, CO	SUD Treatment Facilities, ASAM 3.7 WM	100%
Sedgwick, CO	General SUD Treatment Practitioner	100%
Sedgwick, CO	Pediatric SUD Treatment Practitioner	100%
Sedgwick, CO	SUD Treatment Facilities, ASAM 3.5	100%
Washington, CO	General SUD Treatment Practitioner	100%
Washington, CO	Pediatric SUD Treatment Practitioner	100%
Washington, CO	SUD Treatment Facilities, ASAM 3.5	100%

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)	40.6%
Cheyenne, CO	Family Practitioner (PA)	41.2%
Sedgwick, CO	Adult Primary Care (PA)	32.7%
Sedgwick, CO	Pediatric Primary Care (PA)	37.0%
Sedgwick, CO	Family Practitioner (PA)	34.2%

Mental Health Services

County	Licensure Type	Percentage Coverage
Cheyenne, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	0.0%
Kit Carson, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	0.0%
Lincoln, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	6.3%
Washington, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	27.6%
Yuma, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	93.6%

SUD Services

County	Licensure Type	Percentage Coverage
Cheyenne, CO	SUD Treatment Facilities, ASAM 3.1	95.6%
Cheyenne, CO	SUD Treatment Facilities, ASAM 3.2 WM	95.6%
Cheyenne, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Cheyenne, CO	SUD Treatment Facilities, ASAM 3.7	1.0%
Cheyenne, CO	SUD Treatment Facilities, ASAM 3.7 WM	1.0%

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

	Kit Carson, CO	General SUD Treatment Practitioner	90.9%
	Kit Carson, CO	Pediatric SUD Treatment Practitioner	92.0%
	Kit Carson, CO	SUD Treatment Facilities, ASAM 3.1	14.7%
	Kit Carson, CO	SUD Treatment Facilities, ASAM 3.2 WM	14.7%
	Kit Carson, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
	Kit Carson, CO	SUD Treatment Facilities, ASAM 3.5	91.3%
	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	SUD Treatment Facilities, ASAM 3.1	99.6%
	Lincoln, CO	SUD Treatment Facilities, ASAM 3.2 WM	99.6%
	Lincoln, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
	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%
	Washington, CO	SUD Treatment Facilities, ASAM 3.1	69.3%
	Washington, CO	SUD Treatment Facilities, ASAM 3.2 WM	68.3%
	Washington, CO	SUD Treatment Facilities, ASAM 3.3	7.2%
	Washington, CO	SUD Treatment Facilities, ASAM 3.7	13.9%
	Washington, CO	SUD Treatment Facilities, ASAM 3.7 WM	13.9%
	Yuma, CO	General SUD Treatment Practitioner	99.3%
	Yuma, CO	Pediatric SUD Treatment Practitioner	98.8%
	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	98.4%

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

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.

As reported in other quarterly reports for FY23, NHP uses specific strategies to ensure access to care for members. 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.

Further, NHP continues to offer 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.

COLORADO
Department of Health Care Policy & Financing

Appendix A. Single Case Agreements (SCAs)

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

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

SCA Practitioners or SUD Treatment Facilities	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description (include ASAM levels for SUD treatment facilities)	Number of Members Served by SCA
Franklin Q. Smith	*0000000*	*Denver*	*PV050*	*Adult Only Primary Care*	[redacted]
Chrysalis Behavioral Health	*0000000*	*Baca*	*BF085*	*SUD Treatment Facility, ASAM Levels 3.1 and 3.3*	[redacted]
CHP+ MCO, Medicaid MCO, RAE					
CONNER, ABBIE	24320056	Larimer	BV080	Licensed Addiction Counselors (LACs)	[redacted]
FARRAR, JOCELYN	9000210901	El Paso	BV130	Licensed Clinical Social Workers (LCSWs)	[redacted]
GERTNER, KARIN	9000166740	Morgan	BV132	Licensed Professional Counselors (LPCs)	[redacted]
KLENE, KELLY	9000178010	Denver	BV130	Licensed Clinical Social Workers (LCSWs)	[redacted]
LEE, STEVEN	9000193087	Adams	BV120	Psychologists (PhD, PsyD) - General	[redacted]
SHAW, ASHLEY	9000165129	Larimer	BV132	Licensed Professional Counselors (LPCs)	[redacted]
SHURILLA, RENEE	9000212309	Denver	BV132	Licensed Professional Counselors (LPCs)	[redacted]
WOODY, TYLER	9000201055	Larimer	BV132	Licensed Professional Counselors (LPCs)	[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. As reported in previous quarterly reports for FY23, NHP meets specific member needs through the utilization of SCAs for out-of-network providers. NHP approves SCA requests under the following circumstances: • When a member lives outside of the time/distance standard for service • When a specialty service is not available through the existing network • When a member has a relationship with the provider NHP may also approve an SCA in specific situations so that providers engaged in the contracting and credentialing process can serve members while they are completing the process and the provider meets the SCA criteria listed above. **Describe the methods used to upgrade practitioners with SCAs to fully contracted network practitioners.** NHP tracks the SCA utilization data for high volume providers and outreaches providers with more than five SCAs in a quarter to discuss joining the network. If the provider opts to join the network, NHP offers the provider information and instructions regarding the credentialing procedures and monitors the application process.

Appendix B. Optional MCE Content

This optional appendix may contain additional information, graphs, or maps that the MCE would like to include in its quarterly report.

Instructions for Appendices

To add an image:

- Go to "Insert" and click on "Pictures".
- Select jpg file and click "Insert".

To add an additional Appendix:

- Go to "Layout" and click on "Breaks".
- Select "Next Page" and a new page will be created.
- Go to "Home" and select "HSAG Heading 6".
- Type "Appendix C." and a descriptive title for the appendix.
- Select the Table of Contents and hit F9 to refresh.

Optional MCE Content

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.