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: *October 31, 2023*

Report due by *10/31/2023*, covering the MCE's network from *07/01/2023 – 09/30/2023*, FY24 Q1

—*Final Copy: September 2023 Release*—

COLORADO
Department of Health Care Policy & Financing

COLORADO
Department of Health Care Policy & Financing

Contents

1. Instructions for Using the Network Adequacy Quarterly Report Template ... 1-1
Definitions ... 1-1
Report Instructions ... 1-2
Questions ... 1-2

2. Network Adequacy ... 2-1
Establishing and Maintaining the MCE Network ... 2-1

3. Network Changes and Deficiencies ... 3-1
Network Changes ... 3-1
Inadequate Network Policies ... 3-33

4. Appointment Timeliness Standards ... 4-1
Appointment Timeliness Standards ... 4-1

5. Time and Distance Standards ... 5-1
Health Care Network Time and Distance Standards ... 5-1

A Appendix A. Single Case Agreements (SCAs) ... A-1

B Appendix B. Optional MCE Content ... B-1
Instructions for Appendices ... B-1
Optional MCE Content ... B-1

C Appendix C. Optional MCE Content ... C-1

1. Instructions for Using the Network Adequacy Quarterly Report Template

This document contains the September 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 (September 2023 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 2023-24 Q1	October 2023	September 30, 2023
FY 2023-24 Q2	January 2024	December 31, 2023
FY 2023-24 Q3	April 2024	March 31, 2024
FY 2023-24 Q4	July 2024	June 30, 2024

Definitions

- "MS Word template" refers to the *CO Network Adequacy_Quarterly Report Word Template_F1_0923* document.
- "MS Word MCE Data Requirements" refers to the *CO Network Adequacy_MCE_DataRequirements_F1_0923* 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.

COLORADO
Department of Health Care Policy & Financing

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., September 30, 2023, for the quarterly report due to the Department on October 30, 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., September 30, 2023, for the quarterly report due to the Department on October 30, 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	111,477	N/A	101,260	N/A
Total primary care practitioners (i.e., PROVCAT codes beginning with "PV" or "PG")	364	N/A	362	N/A
Primary care practitioners accepting new members	340	93.4%	337	93.1%
Primary care practitioners offering after-hours appointments	112	30.8%	112	30.9%
New primary care practitioners contracted during the quarter	0	0.0%	5	1.4%
Primary care practitioners that closed or left the MCE's network during the quarter	3	0.8%	7	1.9%

COLORADO
Department of Health Care Policy & Financing

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

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of primary care practitioners to assure that all covered services will be accessible to members without unreasonable delay.

Describe how the MCE ensures members' access to family planning services offered by any appropriate physical health practitioner, practice group, or entity.

If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.

CHP+ MCO, Medicaid MCO, RAE

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of primary care practitioners to assure that all covered services will be accessible to members without unreasonable delay.

NHP's regional network of Primary Care Medical Providers (PCMP) is maintained by licensure level type. In analyzing the data for counties that did not satisfy access standards for one or more type of licensure, a range of barriers were identified. One such barrier was a shortage of PCMPs to recruit for contracting, specifically Physician Assistants (PA) in rural and frontier counties within the time/distance standard.

Weld County is designated as urban, even though it contains rural areas where there are no practitioners located within the required 30 miles/30 minutes radius. This "dual-designation" status can be beneficial in some counties, such as Larimer County. However, it is a challenge for Weld County to comply with urban standards given its rural areas.

An additional barrier that impacts NHP's ability to maintain a sufficient network is the HCPF standard, which requires 100% of members to meet geoaccess standards for PCMPs. Industry standards require 90%-95% of members to meet geoaccess standards.

Describe how the MCE ensures members' access to family planning services offered by any appropriate physical health practitioner, practice group, or entity.

Practitioners who provide family planning services, specifically Federally Qualified Healthcare Centers (FQHC) and Planned Parenthood, are included in NHP's PCMP network. NHP utilizes several strategies to guarantee members can access family planning services. One such strategy is to educate members about family planning and other benefits, including how to access services, via onboarding sessions that occur monthly. Member Services can also assist members with locating family planning services within NHP's network. If services in the region are unavailable, Member Services utilizes the State's provider directory to help members access providers outside of the network, within the broader Health First Colorado network. All member complaints concerning access to services are overseen by Member Services. No complaints about access to family planning services were filed during this reporting period.

NHP analyzed family planning usage on a quarterly basis using available claims data. According to state claims data for family planning services, 2,307 members received family planning services during Q4 of FY22-23. Out of those members, 1,411 (61%) obtained services within Region 2. A portion of those services were provided by PCMPs who are within the NHP network.

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
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. Every year, NHP surveys PCMPs about their utilization of telehealth. During Q4 of FY22-23, the utilization for physical health services via telehealth accounted for 2.82% of the total claims paid through Fee-For-Service (FFS) Medicaid. Data for Q1 of FY23-24 was not available due to claims data lag.

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

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO, RAE				
Total members	111,477	N/A	101,260	N/A
Total behavioral health practitioners (i.e., PROVCAT codes beginning with "BV" or "BG")	3,480	N/A	4,175	N/A
Behavioral health practitioners accepting new members	3,480	100%	4,175	100%
Behavioral health practitioners offering after-hours appointments	1,450	41.7%	1,521	36.4%
New behavioral health practitioners contracted during the quarter	200	5.7%	1,441	34.5%
Behavioral health practitioners that closed or left the MCE's network during the quarter	83	2.3%	746	17.9%

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	28
Total SUD treatment facilities offering ASAM Level 3.3 services	3	4
Total SUD treatment facilities offering ASAM Level 3.5 services	35	36
Total SUD treatment facilities offering ASAM Level 3.7 services	21	21
Total SUD treatment facilities offering ASAM Level 3.2 WM (Withdrawal Management)	22	23
Total SUD treatment facilities offering ASAM Level 3.7 WM services	12	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

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.

NHP maintains a robust network of practitioners in Region 2. NHP saw improvements in access to SUD services in the counties of Kit Carson, Phillips, and Yuma. For more details, please review Tables 12 and 13 in the subsequent sections of this deliverable.

Structural barriers continue to impact network adequacy for specific services within Region 2. These include the following:

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

- Overall lack of sufficient SUD treatment facilities across all ASAM levels within the region. This significantly affects NHP's ability to meet full member coverage. When members need this level of care, NHP coordinates transportation for services outside of the region.
- Lack of psychiatric residential treatment facilities, psychiatric hospitals, and psychiatric units in acute care facilities. It is not feasible for a business operation to be launched and sustained given the population density in this region.
- Reduced number of prescribers. The main services for which prescribers bill are Evaluation & Management (E&M) services. 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.

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.
Members' access to covered services has expanded with NHP's continued utilization of telehealth services. To better track the availability of telehealth services, NHP asks providers to report whether telehealth services are included within the services they offer. NHP monitors the utilization of telehealth quarterly through a review of paid claims data. In Q4 of FY22-23, 4.84% of all service costs were rendered through telehealth (data for Q1 of FY23-24 is not yet available due to data lag). NHP expects the telehealth modality to continue to be an important component of the network, ensuring timely access and member choice, particularly for members residing in rural and frontier sections of the region. Further, some services, such as residential treatment or inpatient services, require in-person treatment rather than telehealth. When these situations arise, NHP assists members with acquiring transportation so they can obtain the services they need.

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 strives to ensure members have access to a full continuum of SUD services. NHP experiences barriers to challenge these efforts, including the following:

- Provider adherence to authorization and documentation requirements
- Lack of additional SUD treatment sites with ASAM levels within the region

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to members without unreasonable delay. If your network includes out-of-state practitioners serving members enrolled with the MCE, please describe. If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services. 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
To ameliorate these barriers, NHP offers contracts to all providers with available ASAM levels of care. Further, NHP continues to address the lack of provider understanding of ASAM criteria. 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. A barrier reported by NHP during FY22-23 pertained to providers securing the correct enrollment in Health First Colorado for practice sites' specific level of care. NHP provided outreach and education regarding the enrollment process as well as member resources for practices that show discrepancies in Health First Colorado enrollment. As a result of these efforts, NHP did not identify any providers with this issue during Q1 of FY23-24. NHP uses ongoing communication between the NHP Clinical Department and SUD facilities to 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 facilitates the coordination of connections to outpatient treatment and case management services.

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

COLORADO
Department of Health Care Policy & Financing

3. Network Changes and Deficiencies

Network Changes

Supporting contract reference: The MCE shall report in writing to the Department, all changes or deficiencies in MCE Networks related to access to care.

Table 4–Network Changes: Discussion

If the MCE experienced an unexpected or anticipated material change to the network or a network deficiency that could affect service delivery, availability, or capacity within the provider network, describe the change and state whether the MCE notified the Department, in writing, within five (5) business days of the change. Note: If the MCE experienced an unexpected or anticipated material change to the network or a network deficiency that could affect service delivery, availability, or capacity within the provider network during the quarter prior to the measurement period, the MCE's response should include a description of the actions taken by the MCE during the current measurement period to address the deficiency.
CHP+ MCO, Medicaid MCO, RAE
If the MCE experienced an unexpected or anticipated material change to the network or a network deficiency that could affect service delivery, availability, or capacity within the provider network, describe the change and state whether the MCE notified the Department, in writing, within five (5) business days of the change. NHP experienced anticipated material changes to the network during this quarter, which led to a net positive in the number of behavioral health practitioners in the network. NHP did not notify HCPF in writing of these changes as members continued to have service delivery, availability, and/or capacity within the provider network. NHP maintains an open network for any willing provider that meets Health First Colorado and credentialing standards. NHP works to contract and credential providers within 90 days of their request. As a result, new practitioners joined the network during this reporting period. Additionally, NHP has a standard process through which facilities update their rosters as they experience changes. During Q1 of FY23-24, NHP received notifications that resulted in providers within contracted facilities being removed from or added to the network.

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

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

Inadequate Network Policies

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

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

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

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

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

Table 8–CHP+ MCO Provider Network Changes: Discussion

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

Appointment Timeliness Standards

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

Table 9–Physical Health Appointment Timeliness Standards

Describe the method(s) used by the MCE to monitor its contract's timeliness requirements for members' access to physical health services. Describe findings specific to the current reporting period.
CHP+ MCO, Medicaid MCO, RAE
PCMPs are audited by NHP to ensure 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 Region 2 each year. New in FY23-24, our Practice Transformation (PT) team is supporting PCMPs with access and availability surveys. The requests to complete the survey annually will align with our PT Assessments, which occur in Q1 and Q2 of the fiscal year. Additionally, we have modified the access and availability questions to better align with the language in the RAE and PCMP contracts, based on feedback from practices last year. NHP's survey focuses on the following five questions to understand access to care availability: • Is this provider location currently accepting new patients? • Is this provider location able to accommodate an outpatient appointment for a Medicaid member within seven days after discharge from a hospital? • Is this provider location able to accommodate a non-urgent, symptomatic care visit within seven days after the request? • Does this provider location offer same day appointments (urgent appointments within 24 hours of the request)? • Does this provider location provide well care visits within one month after the request, unless a sooner appointment is required to ensure the provision of screenings in accordance with HCPF's 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. Due to the process change and shifting the audit to our PT team, zero audits were completed in Q1. Q1 was used to establish the new process and refine the survey tool. We expect that the majority of PCMPs in Region 2 will have a completed audit in Q2. There are 62 unique PCMP sites in Region 2. Any sites not audited in Q2 will be audited in Q3.

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

PCMP Audit Reporting Period	Q1 Audits	Q2 Audits	Q3 Audits	Q4 Audits
Total PCMP Locations Audited within the NHP Region	0	N/A	N/A	N/A
Location able to accommodate an outpatient appointment for a Health First Colorado member within seven days: Met Requirements	N/A	N/A	N/A	N/A
Location able to accommodate a non-urgent, symptomatic care visit within seven days, Next Available: Met Requirements	N/A	N/A	N/A	N/A
Urgent Access 24 hours: Met Requirements	N/A	N/A	N/A	N/A
Well-Care Access (one month): Met Requirements	N/A	N/A	N/A	N/A
Follow up audits from previous quarters	5	N/A	N/A	N/A
All Requirements Met	5	N/A	N/A	N/A

NHP evaluates PCMPs located within 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 proceed to work with a PT Coach to develop a performance improvement plan that is aligned with the work they are doing after their PT assessment.

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 Region 2 are audited yearly by NHP to measure Health First Colorado members' access to care standards. During this Q1 FY23-24 reporting period, 62 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)

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

- Emergency access by phone within 15 minutes after the initial contact, including TTY accessibility; in-person within one hour of contact in urban and suburban areas, in-person within two hours after contact in rural and frontier areas.

Provider appointment type may be in-person or via telehealth. Both appointment types are acceptable and meet NHP member access to care standards.

BH Audit Reporting Period	Q1 Audits	Q2 Audits	Q3 Audits	Q4 Audits
Total BH Locations within the NHP Region	40	N/A	N/A	N/A
New Health First Colorado Routine/Non-Urgent appointments within seven days: Met Requirements	36	N/A	N/A	N/A
Established Health First Colorado Routine/Non-Urgent appointment within seven days: Met Requirements	39	N/A	N/A	N/A
Urgent Access 24 hours: Met Requirements	36	N/A	N/A	N/A
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.	23	N/A	N/A	N/A
Follow up audits from previous quarters	22	N/A	N/A	N/A
All Requirements Met	22	N/A	N/A	N/A

Behavioral health providers within Region 2 are evaluated by NHP for Health First Colorado members' access to care standards. NHP will send access to care pass or fail audit result letters to providers that were audited during the Q1 FY23-24 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).

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 (65.2%) reside.

Below are the provider types by county that met time and distance standards. There were no significant changes in coverage from the previous quarterly report.

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. NHP almost met the standard for all primary care provider types for all ages with 99.7% coverage.

Mental Health Services

NHP's urban counties are required 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. 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.

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.

NHP continues to be challenged in full coverage for specific provider types in contracted counties. Below are the provider types by county that did not meet time and distance standards. There were no significant changes in the coverage from the previous quarterly report.

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

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	General Psychiatrists and Other Psychiatric Prescribers	99.7%
Weld, CO	General Behavioral Health	99.8%
Weld, CO	Pediatric Psychiatrists and Other Psychiatric Prescribers	99.7%
Weld, CO	Pediatric Behavioral Health	99.8%
Weld, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	22.9%

SUD Services

County	Licensure Type	Percentage Coverage
Weld, CO	General SUD Treatment Practitioner	99.7%
Weld, CO	Pediatric SUD Treatment Practitioner	99.7%
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. NHP utilizes specific strategies to ensure access to care for members. 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). Below are the provider types by county that met time and distance standards during Q1 of FY23-24. There was a significant change in Phillips County for SUD services. NHP met 100% coverage for General SUD Treatment Practitioner and Pediatric SUD Treatment Practitioner in Phillips County. In previous reports, NHP had met 98%-99% coverage. NHP attributes these changes to the addition of three practitioners who offer SUD outpatient services within the county.

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%
Morgan, CO	General Psychiatrists and Other Psychiatric Prescribers	100%
Morgan, CO	General Behavioral Health	100%
Morgan, CO	Pediatric Psychiatrists and Other Psychiatric Prescribers	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 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	General SUD Treatment Practitioner	100%
Phillips, CO	Pediatric SUD Treatment Practitioner	100%
Phillips, CO	SUD Treatment Facilities, ASAM 3.5	100%

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.

NHP continues to be challenged in full coverage for specific provider types in contracted counties. Below are the provider types by county that did not meet time and distance standards.

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

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)	98.3%
Phillips, CO	Pediatric Primary Care (PA)	98.3%
Phillips, CO	Family Practitioner (PA)	98.3%

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	95.1%
Morgan, CO	SUD Treatment Facilities, ASAM 3.2 WM	81.2%
Morgan, CO	SUD Treatment Facilities, ASAM 3.3	10.9%
Morgan, CO	SUD Treatment Facilities, ASAM 3.5	99.9%
Morgan, CO	SUD Treatment Facilities, ASAM 3.7	11.0%
Morgan, CO	SUD Treatment Facilities, ASAM 3.7 WM	10.5%

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

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

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

CHP+ MCO, Medicaid MCO, RAE

Phillips, CO	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.

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.

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

Below are the provider types by county that met time and distance standards. There was a significant change in the coverage of SUD services. NHP met 100% coverage for General SUD Treatment Practitioner and Pediatric SUD Treatment Practitioner in Kit Carson and Yuma counties. NHP attributes these changes to the addition of practitioners who offer SUD outpatient services within these counties.

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%
Sedgwick, CO	Family Practitioner (MD, DO, NP)	100%
Washington, CO	Adult 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

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 all Psychiatrists and other Psychiatric Prescribers as well as Behavioral Health for all ages. Additionally, Sedgwick met 100% coverage for Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities.

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%
Kit Carson, CO	General SUD Treatment Practitioner	100%
Kit Carson, CO	Pediatric SUD Treatment Practitioner	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

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%
Yuma, CO	General SUD Treatment Practitioner	100%
Yuma, CO	Pediatric SUD Treatment Practitioner	100%

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.

NHP continues to be challenged in full coverage for specific provider types in contracted counties. Below are the provider types by county that did not meet time and distance standards.

Physical Health

County	Licensure Type	Percentage Coverage
Cheyenne, CO	Adult Primary Care (PA)	41.8%
Cheyenne, CO	Pediatric Primary Care (PA)	38.0%
Cheyenne, CO	Family Practitioner (PA)	38.9%
Sedgwick, CO	Adult Primary Care (PA)	31.9%
Sedgwick, CO	Pediatric Primary Care (PA)	38.1%
Sedgwick, CO	Family Practitioner (PA)	33.8%

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

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	6.1%
Washington, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	27.4%
Yuma, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	93.9%

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	0.9%
Cheyenne, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.9%
Kit Carson, CO	SUD Treatment Facilities, ASAM 3.1	14.3%
Kit Carson, CO	SUD Treatment Facilities, ASAM 3.2 WM	14.3%
Kit Carson, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Kit Carson, CO	SUD Treatment Facilities, ASAM 3.5	92.9%
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	99.7%
Lincoln, CO	SUD Treatment Facilities, ASAM 3.2 WM	99.7%
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%

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

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

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

CHP+ MCO, Medicaid MCO, RAE

Washington, CO	SUD Treatment Facilities, ASAM 3.1	69.6%
Washington, CO	SUD Treatment Facilities, ASAM 3.2 WM	68.7%
Washington, CO	SUD Treatment Facilities, ASAM 3.3	6.7%
Washington, CO	SUD Treatment Facilities, ASAM 3.7	13.6%
Washington, CO	SUD Treatment Facilities, ASAM 3.7 WM	13.6%
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	98.6%
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.

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.

Appendix A. Single Case Agreements (SCAs)

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

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

SCA Practitioners or SUD Treatment Facilities	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description (include ASAM levels for SUD treatment facilities)	Number of Members Served by SCA
Franklin Q. Smith	*0000000*	*Denver*	*PV050*	*Adult Only Primary Care*	
Chrysalis Behavioral Health	*0000000*	*Baca*	*BF085*	*SUD Treatment Facility, ASAM Levels 3.1 and 3.3*	
CHP+ MCO, Medicaid MCO, RAE					
CONNER, ABBIE	24320056	Larimer	BV080	Licensed Addiction Counselors (LACs)	
FORD, HALEY	9000151934	Larimer	BV120	Psychologists (PhD, PsyD) - General	
GERTNER, KARIN	9000166740	Morgan	BV132	Licensed Professional Counselors (LPCs)	
WATSON, KATHLEEN	9000178617	Adams	BV132	Licensed Professional Counselors (LPCs)	

Table A-2–Practitioners with SCAs: Discussion

Describe the MCE's approach to expanding access to care for members with the use of SCAs. Describe the methods used to upgrade practitioners with SCAs to fully contracted network practitioners.
CHP+ MCO, Medicaid MCO, RAE
Describe the MCE's approach to expanding access to care for members with the use of SCAs. NHP 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

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
• When a specialty service is not available through the existing network • When a member has a relationship with the provider NHP may also approve SCAs in specific situations so that providers engaged in the contracting and credentialing process can serve members while they are completing the process as long as 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.

COLORADO
Department of Health Care Policy & Financing

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.