Colorado Access

Marty Janssen (R3)

SFY19-20

July 31, 2019

Introduction

Colorado Access (COA) is dedicated to empowering its members with access to timely and appropriate health care, and delivering comprehensive choice to Members as they seek out providers and resources that best meet their needs. Building upon a history of partnership, engagement, and network development, COA is well positioned to meet or exceed the network adequacy standards established by the Regional Accountable Entity (RAE) contracts for Regions 3, and is focused on continuing to grow and improve the COA network. This Network Adequacy Plan articulates the overarching approach that COA continues to employ toward cultivating and supporting viable provider participation, thus helping to expand options for Members.

This report is written within context of Section 9.8.1., and subsequent paragraphs, of the RAE contracts for Regions 3,, and will address questions specific to those paragraphs. COA will submit a Network Adequacy Report, on a quarterly basis, to help track and validate the successes and challenges of the strategies outlined in the pages that follow. As always, COA is happy to provide further information and clarification to the Department upon request.

Contract Citation 9.8.1.1.

> ***How [will the Contractor] maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract for all members including those with limited English proficiency and members with physical or mental disabilities?***

Colorado Access has extensive experience in developing and supporting a provider network dedicated to servicing members of Health First Colorado (Colorado's Medicaid program). The substantial provider networks COA established during its tenure as a Regional Care Collaborative Organization (RCCO) and Behavioral Health Organization (BHO) were the initial foundation for the Region 3 provider networks.

Primary Care Medical Provider Network (PCMP Network)

COA achieved a 100% success rate in re-contracting all targeted PCMPs last year for Region 3. In addition, COA increased total PCMP contracts this past year, and will continue to add new PCMPs to its Region 3 network.

Building on this foundation, COA continues to use various resources to further target potential additions and grow its network of providers. COA has a dedicated provider contracting team that responds to inquiries and requests to participate in the network on a daily basis. These requests consistently arise from:

- Interested physical health providers;
- Extensive outreach by our Provider Relations team;
- Requests from contracted providers such as UC Health.
- Referrals by community partners;

- Inquiries from members and referrals by our Customer Service team;
- Partnership with the Department and Health First Colorado Enrollment to outreach and contract with providers that have been requested by Members, but who are not yet participating in our network.

In addition, COA continually monitors provider-to-member ratios to identify areas that need prioritization for targeted provider outreach. It is important to note, however, that COA is dedicated to contracting with every willing and appropriate provider to become part of its primary care network.

To become part of the network, COA requires all PCMPs to complete a comprehensive provider application[i], and to sign a Professional Provider Agreement (PPA). All PCMPs have a newly revised agreement that obligates them to the PCMP requirements as outlined in the RAE contracts. The PPA's Appendix 1, (aka the Provider Application) is used to assess each provider's readiness to meet the general primary care needs of members and to accommodate members with special needs. In addition to other data, the Provider Application captures the following information:

- Extended office hours;
- Additional languages spoken and interpretation services offered;
- ADA compliance and necessary equipment available for Medicaid enrollees with physical or mental disabilities;
- Cultural competency training.

Information reported on the Provider Application is populated into COA's credentialing software and sorted to aid in determining what aspect of the network meets the needs of special populations and how to best develop and implement programming to increase access to these services across Region 3.

Behavioral Health Provider Network

Colorado Access has a long standing statewide behavioral health network. This network continued uninterrupted into the RAE implementation and is the foundation of COA efforts to ensure adequate access to behavioral health services for members. This existing network includes contracted relationships with every Community Mental Health Center in the state, hospital systems, Institutes for Mental Disease (IMDs), behavioral health providers who are integrated with PCMPs, and independent behavioral health providers, statewide. COA continues to receive requests from behavioral health providers to join its network. COA adds any provider who is validated, submits a completed application, meets COA credentialing criteria, and signs a Professional Provider Agreement.

Updated methodology for member attribution and specified obligations within the RAE contract, however, require focused attention to ensure an operationally adequate network, regardless of the total number of providers under contract. COA continues to develop programs to address these challenges by offering consistent training to behavioral health providers that underscores the implications of site-based attribution and the best way to navigate eligibility, claims, and billing issues within the RAE system. Conducted by the

Provider Relations team and supported by Provider Contracting and Behavioral Health Operations teams, trainings have been implemented in various forms, including:

- Provider forums and open houses, with appropriate COA staff to answer questions and direct further inquiry;
- Creation of webinars to address issues that impact numerous providers;
- In-depth one-on-one trainings and meetings with providers who request and need them;
- Extensive communications through provider newsletters and other email platforms.

COA is reaching out to previously contracted behavioral health providers, as well as any newly contracted providers, to complete the updated Provider Application, in order to better understand the network's capacity to meet the needs of special populations and to better direct future training and programmatic priorities. As noted above, the Provider Application is used to assess each provider's readiness to meet member needs and to accommodate members with special needs.[1]

Additionally, COA ensures continuity of care by offering single-case agreements (SCAs) when needed and appropriate to any behavioral health provider, statewide (and out-of-state when necessary), who would like to render services to a COA member. COA staff have developed relationships with personnel from the various RAEs and act upon referrals from those RAEs on an ad-hoc basis to ensure adequate services for members.

As noted above, each potential new behavioral health provider will be required to execute a contract with COA, complete the Provider Application, and pass credentialing requirements, before becoming an active participant in the provider network. These written agreements and documents will support growth and maintenance of the network and highlight areas of service—especially for special needs populations—that require further attention within Region 3. As with the PCMP network, COA will continually analyze provider-to-member ratios to assess geographic and functional areas for outreach prioritization. Claims data will be reviewed to analyze utilization patterns and help direct contracting efforts. COA will work with community partners, to identify areas of need and frame outreach.

Integrated Care and Telehealth

Colorado Access currently has fully integrated practices in its network, and is planning to grow that core network. As a part of that strategy, COA developed an assessment tool that includes questions to evaluate providers on their infrastructure preparedness, as a way to stratify those most prepared for imbedded behavioral health. This assessment will allow our Practice Transformation team to determine the ongoing technical assistance needs of these practices. COA is responsive to any practice who indicates an interest in learning more about becoming a Medicaid provider under the regional organization structure of the

[1] Please see Appendix 1

Accountable Care Collaborative. COA is assessing the level of behavioral health integration of its currently contracted providers and will deploy practice transformation resources as needed to move these practices along the integrated care continuum. Additionally, Colorado Access has a dedicated staff member who is assessing whether or not any additional providers need to be targeted in order to identify and address any gaps in service prevision within Region 3.

The provider assessment is a tool that is being targeted to COA's entire PCMP network to assess practice's ability to meet all contractual requirements, including integrated behavioral and physical health care, and to help provide targeted practice transformation assistance, as needed, to those interested practices. These assessments are distributed to providers in waves, beginning in October 2018 and continuing through February 2019. COA is in the process of conducting a broader analysis, based on completed assessments, to determine best mechanisms to provide guidance and/or training in many areas, including integrated care.

Through its AccessCare Services (ACS) group, Colorado Access will continue to work to deploy telehealth services in a variety of settings, further augmenting the adequacy of the COA provider network. With an initial focus on integrating behavioral health support into primary care settings, the ACS model utilizes an integrated approach to combine specialty mental health services with physical health and primary care. It provides licensed behavioral health clinicians, substance abuse counselors, and psychiatric providers with the ability to screen, diagnose, provide brief intervention, and recommend psychotropic medication regimens all while collaborating with the primary care physician through a virtual platform. As a distinct group within the COA corporate structure, ACS is not bound by regional borders, and staff are open to foster potential relationships with providers throughout the state—an important aspect of network adequacy under the RAE attribution methodology. ACS and COA will track referrals and consults within the program to help guide practice transformation and integration efforts.

Contract Citation 9.8.1.2.

How [will the Contractor] ensure that network providers provide physical access, reasonable accommodations, and accessible equipment for Medicaid enrollees with physical or mental disabilities?

With implementation of the Professional Provider Agreement[2], Colorado Access has a tool to survey primary care and behavioral health providers for their readiness to render services to Health First Colorado enrollees with physical and mental disabilities. Compliance with the Americans with Disabilities Act (ADA) is a section noted, specifically, in the PPA and every COA provider

[2] Please see Appendix 1

will be required to complete it. Information gathered via the PPA is loaded into COA's credentialing system, sorted, and reported upon, on a regular basis. These reports are used to focus outreach and training by COA Practice Transformation and Provider Relations teams and to analyze where gaps may exist.

In addition, COA works openly and extensively with community partners, COA Community Engagement, and Member Engagement teams to identify opportunities for increasing access to care for members with a disability and to better understand the barriers that exist for those members when accessing care.

COA's participation in the Medicare-Medicaid Demonstration (MMP) provided learnings for making reasonable accommodations for physically or mentally disabled members. Since dually-eligible individuals first became qualified for membership in the ACC, Colorado Access has worked to better coordinate resources for Medicaid-Medicare members and to better support providers who service their needs.

Lessons learned from the MMP program have highlighted the need to more wholly integrate Long Term Services and Supports into RAE programming, and COA is committed to furthering that integration within the RAE work. Since MMP is no longer an active program, dually-eligible members are now included in general care management outreach and support protocols, which helps assimilate their needs among care management teams—while still highlighting higher-risk members for additional support.

COA has built upon MMP provider surveys and outreach to identify areas for inclusion in general provider trainings and forums, and has incorporated ADA training and links to ADA resources in our provider relations efforts. In addition, COA's MMP experience helped identify providers who may accept Medicare but not Medicaid, and that has informed provider relations outreach, with regard to expanding the network.

Contract Citation 9.8.1.8. – 9.8.1.9.

> ***Standards that will be used to determine the appropriate caseload for providers and how this will be continually monitored and reported to the Department to ensure standards are being met and maintained across the Contractor's provider network.***
>
> ***Caseload for behavioral health providers.***

Colorado Access does not directly monitor the specific caseload of individual behavioral health clinicians in its network. However, COA will require all community mental health centers and all organizationally credentialed providers to have caseload policies and procedures. They must practice internal monitoring to ensure caseloads are reasonable and appropriately tiered based on the acuity of members on their caseload. This information will be reviewed during provider credentialing and re-credentialing.

COA's behavioral health/SUD provider network includes a pre-established, robust statewide network of contracted providers. COA contracts with individual practitioners, including Licensed Clinical Social Workers (LCSWs) and Licensed Professional Counselors (LPCs), psychiatrists, psychologists, and Nurse Practitioners (NPs). COA also contracts with multiple types of facilities, including community mental health centers, integrated care clinics, hospitals, group practices, Acute Treatment Unites (ATUs), residential facilities, hospitals and IMDs. Due to this heterogeneity within the behavioral health network, it is not feasible to establish standardized case load ratios. In many cases, providers and facilities are required to meet specific caseload standards as defined by licensure.

Colorado Access addresses member health acuity and severity across the network via care management. COA's care management department uses several data points to create a four-quadrant stratification model for identifying members with both physical health and behavioral health severity, which guides care management outreach.

Regarding network adequacy and quality of care issues, COA has standardized processes to identify and address these issues, and lack of a standard case load definition does not present a barrier to these processes.

Contract Citation 9.8.1.10.

> ***Number of behavioral health providers in the network that are able to accept mental health certifications and how this will be continually monitored to ensure enough providers are available to meet the needs in the region.***

All of COA's contracted community mental health centers are licensed to accept mental health certifications. Because of complex and nuanced reasons, ensuring that Region 3 has adequate capacity to meet the need is not a reflection of the total number of facilities able to accept mental health certifications, rather, a reflection of the intricacies involved in transitioning care among facilities for members who are impacted by CRS 27-65-102. COA's experience has shown that barriers typically involve licensed facilities refusing to accept a certification from the discharging inpatient hospital, for a particular member. To mitigate these issues and meet the needs of members, COA's Utilization Management and Care Management teams will continue their processes of coordinating between facilities and outpatient providers to address barriers to member discharge, including issues related to the transfer of involuntary treatment and medication certification. This includes developing individualized care plans, seeking out and connecting with disparate "27-65" licensed providers, and helping to arrange for transitions of care for members.

Contract Citation 9.8.1.11.

> ***A description of how the Contractor's network of providers and other Community resources meet the needs of the Member population in the Contractor's region, specifically including a description of how members in special populations are able to access care.***

Colorado Access is committed to ensuring that all members have an understanding of and access to providers and resources that will help them become healthy and remain healthy. This requires

the unified efforts of numerous medical and non-medical partners aimed at defining mutually reinforcing agendas and supporting mutually reinforcing actions.

As a primarily urban/suburban region, network adequacy issues stem less from physical proximity to providers than from system fragmentation, unilateral efforts to mitigate structural impediments, adequate access to timely care (both specialty and primary care), and the need for focused efforts towards ensuring that members with chronic conditions—or those utilizing services inappropriately—have access to the proper care they need, when they need it. Throughout SFY 2018-19, COA worked to lay the foundation for addressing these access issues, and will utilize these partnerships and systems in SFY 2019-20 to assess and respond to network access needs. These efforts reflect COA's belief that network adequacy is not simply a function of the number of providers in a region, but rather a function of the timely accessibility of those providers to the members who need their services.

System Fragmentation and Unilateral Efforts to Mitigate Structural Impediments

Colorado Access will continue to utilize its Governance Council (GC) platform to develop shared responses to systemic issues that impact access. For SFY 2019-20, much of the focus will shift toward populations identified via the Potentially Avoidable Conditions (PAC) model and those high-cost members whom the Department has categorized as "impactable." COA will facilitate the coordination of the multiple providers represented on the Governance Council to ensure a shared focus on access to timely, proper care for these members and that varying perspectives on these populations are incorporated into the mobilization of adequate network resources aimed at connecting them to appropriate physical, behavioral, and long-term care.

Adequate Access to Timely Care

During SFY 2018-19, COA implemented several foundational platforms to assess the adequacy of the provider network. These platforms do not act, simply, to evaluate provider numbers and ratios, but to define network adequacy in terms of timely accessibility to preventive and appropriate specialty care. COA will utilize these platforms during SFY 2019-20 to consistently gauge the sufficiency of the region's network and help guide responses to access issues. Some examples include:

- An extensive PCMP survey, conducted during SFY 2018-19, aimed at identifying areas for support and improvement within the PCMP network (120 surveys were distributed with an 86% return rate). The survey has helped to identify challenges faced by disparate providers in meeting and enhancing their accessibility to COA members and adequacy of their roles as PCMPs. Throughout SFY 2019-20, COA will utilize results of the survey to channel practice support and align practice efforts toward systemic improvement in PCMP accessibility.
- A Business Intelligence model that analyzes regional attribution and identifies areas for concern and improvement. For SFY 2019-20, COA will utilize this model to consistently evaluate the provider network and attribution patterns, and identify providers who may not be operating with the ideal Medicaid panel size. If it is determined that a provider's panel size or attribution pattern does not reflect adequate accessibility, COA will engage and work to mitigate barriers to access.
- A behavioral health (BH) inpatient incentive payment plan that enhances partnership among COA and the BH inpatient hospitals within its network, while focusing on

increasing access to and utilization of follow-up services within seven days of discharge. COA will execute the plan with each of its BH inpatient hospitals during the summer and fall of 2019. The plan will tie directly to network adequacy by driving collaboration across various levels of BH care, increasing timely access to important follow-up services for COA members.

- A geo-mapping project aimed at understanding where members in Elbert County access their services. Past network adequacy reports have indicated the dearth of Medicaid providers in Elbert County; yet, Elbert's proximity to the Denver area belies traditional rural adequacy concerns. The geo-mapping will help clarify access patterns for members who live in Elbert County, while underscoring the type and breadth of supports COA can offer within that county to help ensure adequate access to services.

Focused Efforts on Identified Populations

COA has an extensive network of behavioral health and primary care providers, which includes large health care systems, inpatient hospitals, Federally Qualified Health Centers (FQHCs), Community Mental Health Centers (CMHCs), independent physical and behavioral health providers, and providers who focus on particular populations, such as refugees and homeless members. In order to help ensure that this extensive network adequately meets the needs of certain populations, COA will focus, in SFY 2019-20, on identifying and connecting disparate resources in the dispensation of care to members who require additional supports to access and benefit from health care services. COA will:

- Utilize the lock-in function of the Client Overutilization Program (COUP) to ensure adequate access to an appropriate point-of-care for members who a seeking care via the emergency room or misusing pharmacy benefits.
- Articulate and execute on a county engagement strategy that:
    - Identifies barriers to supports and care for foster children and tailors county-specific remedies to those barriers;
    - Focuses discussion and effort on connecting children, who are in danger of becoming fostered, to appropriate behavioral health care;
    - Explores methods for quickly connecting COA care management staff to members who are recently released from county jails;
    - Further enhances COA's involvement in the Collaborative Management Programs (CMPs) adopted by several regional counties.
- Work with the Governance Council Health Strategy Committee to develop strategies that engender cross-system and integrative approaches to ensuring adequate access to appropriate care for members identified with potentially avoidable or "impactable" conditions and utilization patterns.
- Continue to highlight support for providers and agencies who specialize in servicing refugee populations.
- Continue to actively participate in Creative Solutions meetings with the Department and Individualized Service and Support Team (ISST) meetings with the various regional CMPs to help ensure that member situations are understood, helping to adequately connect them with the care they need.
- Evaluate internal Utilization Management practices to confirm that policies and procedures lead to the most adequate level of care for members, for the appropriate

amount of time, leading to greater efficiencies—thus, greater adequacy—across the system.

[i] Please see Appendix 1.