Network Adequacy Plan

Colorado Access

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Introduction

Colorado Access (COA) is committed to providing its members with access to timely and appropriate health care. COA is dedicated to the delivery of comprehensive health care choices to members as they seek out providers and resources that best meet their unique health care, social and cultural 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) contract for Region 3 and is focused on continuing to grow and improve the COA network. In addition to creating a network that meets the network adequacy standards set forth in the contract, the intent is to use data, payment methodologies, and practice supports to help make the network more effective and impactful for our diverse membership. COA wants not only an adequate network, but an effective one.

This network adequacy plan articulates the overarching approach that COA continues to employ toward cultivating and supporting viable provider participation in the networks, thus helping to expand options for members.

This report is written within the context of The Department of Health Care Policy and Financing (The Department) guidance provided in June for this year's plan and will address questions specific to that guidance. COA will continue to submit a network adequacy plan, on a quarterly basis, to help track and validate the successes and challenges of the strategies outlined in this plan. As always, COA is happy to provide further information and clarification to the Department upon request.

The Colorado Access Network Adequacy Plan addresses how member needs will be met by providing a comprehensive and effective network of providers for both adult and pediatric members, and is as follows:

How will the RAE maintain and monitor a network of appropriate providers supported by written agreements and is sufficient to provide adequate access to all services covered under the contract for members across all ages, levels of ability, gender and cultural identities, including those with limited English proficiency, that includes:

- **Adult and pediatric primary care providers.**
- **OB/GYNs.**
- **Adult and pediatric mental health providers.**
- **Substance use disorder providers.**
- **Psychiatrists.**
- **Child psychiatrists.**
- **Psychiatric prescribers; and**
- **Family planning providers.**

Colorado Access has extensive experience in developing and maintaining provider networks 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. Building on this foundation, COA continues to

use various resources to further target potential new providers and grow its network with diverse populations in mind.

As Colorado Access looks to build a more effective network, it will be working to improve the understanding of the regions at a more granular level, so it can really get to know neighborhoods, the members who live there, and the providers who serve them. The focus will be on health equity in the provider networks for the members served. Network adequacy is not just about the total number of providers and ratios; it's about supporting those providers that members will access and channeling our resources in that direction. It can have the broadest networks imaginable but if members aren't comfortable using them, then it doesn't have an adequate network. It wants to identify and best support clinics actively engaged in their neighborhoods and with populations that trust them. Much of this year will be about deepening and enriching the understanding of neighborhoods and members, then creating actions and programming to foster engagement with the system.

To support these efforts of building a more effective network, COA has established the provider network maintenance and recruitment strategy workgroup to assess the current network. This group will work to gather specific information on diversity, equity and inclusion (DEI) and the special populations providers serve, to better inform the recruiting process. COA will identify areas of need in the provider network from a DEI and special populations lens and recruit providers where there are gaps. This information will be included in the provider directory to give members the option of finding a provider that fits their specific needs.

COA also recognizes that, as our PCMP administrative payment model evolves toward outcome-based payment, it is not a one-size fits all model. In FY 21-22 we are designing separate models for women's health providers (OB/GYN and Planned Parenthood), pediatric providers and adult internal medicine providers. By tailoring our approach to highlight the value that each type of provider brings to the network, we are demonstrating our willingness to hear the concerns of our provider network and ensure that we preserve an adequate network to serve RAE members

COA has a dedicated provider contracting team that both initiates and responds to inquiries and requests to add providers to the network on a daily basis. These requests consistently arise from:

- Interested adult and pediatric physical health providers;
- Interested adult and pediatric behavioral health providers;
- Requests from contracted providers such as UC Health and other medical groups to add sites and providers;
- Inquiries from members, and referrals by the customer service team;
- Referrals from the COA care management team as they work to place members in the proper care setting;
- Partnership with the Department of Health Care Policy and Financing (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 the network;
- Extensive outreach to providers in areas of need by the provider relations team;
- Referrals by community partners.

In addition, COA continually monitors provider-to-member ratios to identify areas that need prioritization for targeted provider outreach. It is important to note that COA is dedicated to contracting with every qualified and appropriate provider with a focus on building a high-performing, quality network that helps COA meet the goals of the RAE program. Providers that join the primary care and behavioral health networks, must meet COA established network participation criteria and credentialing standards.

Additionally, newly contracted RAE primary care medical providers (PCMPs) must meet a minimum standard of criteria establish by COA that include office conditions, ADA compliance, screening tool use, certified EHR, and data sharing requirements to begin the contracting process to be added to the network. As an ongoing oversight process, these criteria will be systematically applied to currently contracted primary care and behavioral health care network to ensure that the existing network demonstrates the high-quality services and standards required by both their contract and COA.

To become part of the network, COA requires all providers complete a comprehensive provider application[i], and to sign a Professional Provider Agreement (PPA). The PPA's Appendix 1, (aka the provider application) is used to assess each provider's readiness to meet the general primary care and behavioral health needs of members and to accommodate members with special needs. In addition to demographic 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;
- Accepting new patients;
- Adult primary care providers;
- Pediatric primary care providers;
- OB/GYN providers;
- Family planning providers;
- Cultural competency training;
- Provider name, address, telephone, email and website;
- Ability to provide physical access, reasonable accommodations, and accessible equipment;
- Capacity to accept new Medicaid members;
- Cultural and language expertise; interpretation services;
- After-hours and weekend appointment availability;
- Behavioral health subspecialties.

PPA Appendix 1 is a tool to survey 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 Provider Application and every COA provider will be required to complete it.

As part of the SFY 2021-2022 Network Adequacy plan, Colorado Access plans to add optional diversity, equity, and inclusion questions to the Appendix to capture race, ethnicity, religion and special populations served to better understand the provider network. This information will help us identify new areas of focus in provider recruitment and allow Colorado Access to serve diverse member populations more appropriately, over and above the current network adequacy standards, with a focus on health equity. This information will be included in the provider directory to give members a better understanding of who they are seeking care with and find a provider that best fits their specific medical, social and cultural needs.

Information gathered from the Appendix 1 is also loaded into the COA 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.

In addition, COA works openly and extensively with community partners, COA community engagement, and member engagement teams, along with the Member Advisory Committee, to identify opportunities for increasing access to care for special populations and members with a disability and to better understand the barriers that exist for those members when accessing care. The focus on diversity, equity, and inclusion in the coming year will inform our work with these crucial partners.

COA has a long-standing statewide behavioral health network. This network 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), substance use disorder providers, behavioral health providers who are integrated with PCMPs, and independent behavioral health providers, statewide.

COA is also actively expanding its substance use disorder (SUD) network to ensure adequate coverage for all levels of care required in the enhanced SUD benefit that was implemented January 1, 2021. This work will ensure that COA has a SUD inpatient network that members can readily access for this important new benefit.

In addition to the existing behavioral health network COA continues to expand access through its AccessCare Services (ACS) subsidiary. ACS deploys telehealth services in a variety of settings, further augmenting the adequacy of the COA provider network. With a focus on integrating behavioral health support into primary care settings, and an emphasis on collaborative and team-based care, the ACS model utilizes an integrated approach to combine virtual mental health services within a physical health and primary care setting. 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 and coordinating care with the member's primary care medical home. COA currently has 18 practices in Region 3 utilizing this model.

COA has also seen a dramatic increase in the use of telehealth services across the behavioral health network since the beginning of the COVID-19 pandemic. Before the pandemic, COA averaged under 1,000 behavioral health telehealth units billed and $100,000 in paid claims per

month. Since the start of COVID-19, and the new telehealth rules being put in place, COA now averages about 50,000 units billed and $5,500,000 in claims paid per month in RAE Region 3. This increase in the use of telehealth has made the availability of behavioral health services much more accessible to a larger number of members from across the region and allowed members to access much of the statewide behavioral health network. It has also helped break down transportation barriers for many members.

COA is now capturing telehealth services as a datapoint from the network providers and has begun listing this information in our provider directories to further increase access to care for members.

Colorado Access also monitors members' access to care at the practice level in a number of ways. The COA practice support team assesses the provider network for contract compliance annually through its provider assessment tool. Each Colorado Access practice support facilitator works with their assigned practices to thoroughly review components of the contract annually and ensure provider compliance. Assessment of Access to Care Standards will be completed as part of the SFY 2021-2022 assessment module implemented in August 2021. Through this module, providers with appropriate electronic medical record (EMR) capabilities will report out the third next available report, and/or complete a self-reported survey on these standards.

Additionally, the Colorado Access quality department conducts an independent testing program to routinely monitor provider compliance with Access to Care standards outside of the annual assessment process. Known as the Secret Shopper program, Colorado Access monitors providers on Access to Care standards quarterly by conducting independent test calls to validate compliance with standards. Provider selection for Secret Shopper calls is based primarily on random selection from a quarterly claim volume stratification. However, the quality department may also select providers based on information received from other internal departments including but not limited to care management, customer service, and compliance. Providers receive a series of test calls to measure compliance with contractual standards.

All test calls are based on validated scripts built internally by Colorado Access and describe specific scenarios tied to access to care standards outlined in the contract. Colorado Access has both pediatric and adult call scripts. By utilizing an independent monitoring system that does not rely on self-reported performance by the provider, Colorado Access can more confidently validate provider behavior and the experience of its membership as well as support providers with actionable opportunities for improvement when gaps are identified. The Colorado Access robust experience in this space has highlighted variations that can occur across staff at provider practices, and specifically between practice leadership (who may be knowledgeable on the practice's policies) and the frontline office staff (who are implementing the policies on a daily basis). The Secret Shopper program allows Colorado Access to further connect with various staff across a clinic system and work alongside the practice to support opportunities for improvement.

Each provider receives a summary report of their performance and relevant findings. Providers that offer appointment availability outside Access to Care contractual standards during Secret Shopper calls are placed on a Correct Action Plan (CAP) from Colorado Access. Providers must

complete and return a CAP timeline back to Colorado Access within 15 business days that outlines an implementation plan to improve specific areas identified as deficient. CAPs must be completed by the end of the next SFY quarter, with Colorado Access then conducting follow up calls to ensure contractual compliance on previously identified deficiencies.

During Quarter 3 of SFY 2020-2021, Colorado Access successfully launched a contract with Signal Behavioral Health to roll out the Colorado Access SUD Secret Shopper program to monitor access to care for SUD providers. The initial phase of the program has focused on residential and outpatient services, with additional program enhancements being rolled out in SFY 2021-2022 upon review of lessons learned during the pilot period.

COA continues to develop programs to educate providers in all aspects of the network by offering consistent training that underscores the best way to navigate eligibility, claims, and billing issues. Conducted by the provider relations and practice support teams, and supported by provider contracting and behavioral health operations teams, trainings have been implemented in various forms, including:

- Provider forums and open houses to educate providers with appropriate COA staff members to answer questions and direct further inquiry;
- Provider Resource Group meetings with smaller peer-focused support groups;
- Trainings/webinars on telehealth;
- 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.
- Availability of information, tools and resources on our online provider portal.

In addition to in-person trainings and webinars, Colorado Access launched a new learning management system (LMS) for providers that is managed by the provider relations team. In the coming year, the LMS will allow training to be more robust and interactive with the added capability of embedded surveys to assess learning and comprehension.

As COA continues to build on the Region 3 network, as noted above, COA consistently works on analyzing networks by county, comparing the existing network to the State's list of validated providers in all provider categories. The COA provider network recruitment and maintenance strategy group is charged with adding new tools and strategies to use in the analysis of the network and implementation of new recruitment methodologies. This workgroup is currently doing a network wide assessment to show areas of opportunity from a network adequacy perspective but also from a health equity perspective so that, at a more local level, it can ensure it has the right services and providers that meet the needs of the membership. This analysis helps inform the process of a highly strategic and focused recruitment effort of new providers.

How will the RAE ensure accurate provider information is available to members?

COA obtains quarterly roster updates from all PCMP providers to ensure COA maintains accurate and up-to-date provider information. In addition, during the behavioral health recredentialing process, provider data is updated based on the CAQH credentialing application.

The internal COA systems and provider directory is updated based on the provider responses. COA also makes available forms on the website for providers to use to submit adds, terminations, and demographic updates. It routinely gets roster updates from providers and those changes are made to the system.

The COA provider network recruitment and maintenance strategy group is developing a process to gather and refresh all provider data over the next 18 to 24 months. This project will include information collected in the updated Appendix 1 along with provider surveys, and an automated process for updating information through the provider portal. This process will include the collection of diversity, equity and inclusion information that COA will share with members through our provider directories.

How will the RAE make available to members accurate and timely provider information including:

- **Name, address, telephone, email and website;**
- **Ability to provide physical access, reasonable accommodations, and accessible equipment;**
- **Capacity to accept new Medicaid members;**
- **Cultural and language expertise (including ASL); and**
- **After-hours and weekend appointment availability.**

Colorado Access makes accurate and timely provider information available to members through an online provider directory located on the Colorado Access website. Information is refreshed every evening for immediate updates and accuracy. Name, address, telephone, email and website, ability to provide physical access, reasonable accommodations, and accessible equipment, capacity to accept new Medicaid members, language expertise (including ASL), and after-hours and weekend appointment availability is provided for the members in the directory. All the information is provided for the members in the search results.

The provider contracting team has collaborated with other departments to develop a comprehensive appendix, which Colorado Access uses to collect languages spoken, cultural competency training, office hours, office website, behavior health subspecialties, whether the provider is accepting new members, ADA access capabilities, age ranges, and other detailed office address information such as address, phone, and fax numbers which informs the online directory. COA is also adding diversity, equity and inclusion questions on race, ethnicity, religion, and special populations served that we will add to the directory. This information is currently collected at the time of contracting or recontacting with providers.

In the future, as part of the provider network recruitment and maintenance strategy, providers will be required to update Appendix 1 of their contract, at a minimum, annually. In addition, the COA practice support team gathers this information from our PCMP providers as part of their annual practice scorecard assessments and COA will administer provider surveys, and an automated process for updating information through the provider portal for all providers.

How will the RAE calculate and monitor network provider counts, time/distance results, ratios, timeliness standards or other access to care metrics including the geographic

location of providers in relationship to where Medicaid members live. (Please describe the software package(s) and/or processes that your MCE uses.)

The time/distance summary by network category and county is populated through data input and software applications. For the data input it uses an in-network flag to identify the total number of providers per region, then cross that with the number of members per region to get ratios for the reporting period.

In-network providers include unique practitioners, practice sites and entity locations. COA has de-duplicated practitioners that work in multiple locations by their Medicaid IDs.

COA uses the following software and process to calculate provider counts and time/distance results:

- Quest Analytics Suite (Version 2020.4) to assign geo-codes and geo-names to provider and member data, and to calculate driving times and distances based on access standards for each network category. The geo-coding was based on addresses, where we provided the full addresses of members in each county and providers in each network category. In some instances, the nearest location to a member residing in a specific county may be outside of this member's county of residence but within the time/distance standard.

When COA runs the report, the "Accessibility Matrix" template of Quest Analytics Suite is used, where COA created Accessibility Matrix pages for each of the applicable provider groups/Department network categories. This template provides overall member and provider counts as well as member counts for those within and outside of time and distance access standards for their respective county classifications. COA assigned access standards for each of these provider groups/network categories based on the Department contract specifications.

Key points on the report:

- The software classifies members into its own counties and county classifications as urban, rural and frontier based on their zip codes and other address information;
- Time and distance calculations have been made by the software based on its classification of members and providers into their respective counties and county classifications;
- In the time and distance calculations, driving distance and driving time were assumed.

How will the RAE determine the number of behavioral health providers in the network that are able to accept mental health certifications and how this will be continually monitored to ensure enough providers are available to meet the needs in the region?

COA has 38 contracted Office of Behavioral Health designated facilities that accept mental health certifications. All the COA-contracted community mental health centers are licensed to accept mental health certifications. COA monitors the State's listing of OBH-designated facilities monthly and recruits any additional providers that are added to the State's listing with

this designation. Additionally, the COA customer service, care management and quality teams notify the contracting team of any member access issues.

How will the RAE ensure its network of providers and other health neighborhood and community resources meet the needs of the member population in the Contractor's Region.

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.

The provider network is continually monitored for network adequacy for all members with a special emphasis on children and youth with special needs, perinatal members, members with prioritized complex conditions such as diabetes, COPD and asthma and Department of Corrections members. COA will also be looking at how it can best support health equity in the development and monitoring of the provider network so that members have access to care in a setting that serves their unique needs.

Using the practice support team, care management, and telehealth, COA is targeting these populations by supporting the provider network in their care.

Additionally, COA monitors members' access to services through a secret shopper program. The Colorado Access quality department maintains a systematic process to monitor access to care standards and metrics for contractual requirements. COA monitors all applicable timeliness categories, including physical health and behavioral health services, to assure timely and appropriate routine and urgent services are available to members.

COA also monitors access to care through the customer service, care management, and member grievance departments. If these departments are made aware of an access to care issue for a specific member, the COA quality department is notified to investigate the issue.

Through the validation review process conducted by the practice support team, COA reviews PCMPs practices and screening tools used to best manage special populations. By ensuring that evidence-based screening tools are used by our contracted providers, COA ensures that our members have access to interventions that they need. Understanding how special populations are defined and risk stratified also ensures that members receive appropriate interventions to manage their needs. The Colorado Access telehealth program has also expanded its scope to include referrals from Colorado Access care managers. This expansion to its virtual behavioral health service allows Colorado Access care managers to refer members that are not connected to a mental health center or behavioral health provider, or who are not currently being treated for their behavioral health care needs, to the AccessCare telehealth team. This telehealth program offers short-term mental health treatment and allows COA members to be seen for psychiatric and/or clinical counseling needs directly in their homes over telehealth. If, in the course of treatment, it is determined that a member will need a longer term, higher level of care, the

telehealth team will collaborate and coordinate care with Colorado Access care management to facilitate a connection and warm handoff to a mental health center or appropriate level of care.

COA care management and care coordination teams focus on a variety of complex child and adult populations including, but not limited to, diabetes, asthma, COPD, pregnant women, children with special health care needs, and behavioral health.

COA care managers work directly with the provider network, health neighborhood and community resources to assess overall member health needs and identify barriers to treatment to ensure successful member outcomes and access to coordinated care. To promote member-driven care and ensure the needs of the member network are being met, COA care managers meet with members in provider offices, hospitals, community settings, and homeless shelters. COA care coordination activities include providing members with a variety of referrals and resources within our provider and community network, including primary care providers and specialty care services, DME equipment providers, transportation, and other community supports tailored to address each member's unique needs.

In addition, COA children's care coordination workflows include the involvement of assigned PCMPs and specialists, community partners, schools, community mental health centers and other agencies in the development and implementation of each member's care plan.

When COA care management staff encounter a deficiency in the network that is a barrier to connecting members with the appropriate care they notify the contracting and provider relations teams to recruit providers to fill those needs.

COA has established and maintains several key community partnerships that support an interdisciplinary approach to member care. These partnerships are key to cultivating communication pathways through which member needs are identified and barriers to access removed.

COA is working with Social Health Information Exchange (S-HIE) with the Metro Denver Partnership for Health. It is an effort that is working on social needs screenings which result in community resource referrals outside of health care (housing, food assistance, etc.) and not only making it consistent and interoperable across the metro area (across healthcare providers, hospitals, etc.) but also allow for more global data analytics to see where there is demand for social services and if there is enough supply. This is a multi-year effort and COA is at the leadership table as well as making significant financial investments in seeing it come to fruition. Other examples of our key community partnerships include consistent outreach and communication with hospitals, health systems and, small and medium sized PCMPs, work with county agencies and health alliances, community centered boards, and continued partnerships with PIACs and the Member Advisory Council to understand the evolving needs of membership and help guide efforts.

[i] Please see Appendix 1.