COLORADO
Department of Health Care Policy & Financing

FY 2020–2021 Network Adequacy Quarterly Report Template

Managed Care Entity: *Health Colorado, Inc.*

Line of Business: *RAE*

Contract Number: *19-107515*

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Report Submitted by: *Alma Mejorado*

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Report due by *10/30/2020*, covering the MCE's network from 0*7/01/2020 – 09/30/2020*, FY Q*1*

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Contents

COLORADO
Department of Health Care Policy & Financing

1. Instructions for Using the Network Adequacy Quarterly Report Template

This document contains the June 2020 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, and 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 (June 2020 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 (FY) Quarter (Q) Reported	Months Included in the Report
FY 2019-20 Q4	April, May, June
FY 2020-21 Q1	July, August, September
FY 2020-21 Q2	October, November, December
FY 2020-21 Q3	January, February, March

Definitions

- "MS Word template" refers to the *CO2020-21_Network Adequacy_Quarterly Report Word Template_F1_0620* document.
- "MS Word MCE Data Requirements" refers to the *CO2020-21_Network Adequacy_MCE_DataRequirements_F1_0620* document that contains instructions for each MCE's quarterly submission of Member and network data.
- "MS Excel Geoaccess Compliance template" refers to the *CO2020-21_Network Adequacy_Quarterly Report Excel Template_<MCE Type>_Geoaccess Compliance* 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	X		X
Ancillary Physical Health Services (*Audiology, Optometry, Podiatry, Occupational/Physical/Speech Therapy*)	X	X	

Questions

- Contact the MCE's Department contract manager or specialist for data submission instructions and assistance with questions or access to HCPF's FTP site.

2. Network Adequacy

Establishing and Maintaining the MCE Network

Supporting Contract Reference: The MCE shall maintain a network that is sufficient in numbers and types of practitioners/practice sites to assure that all covered services to Members will be accessible without unreasonable delay. The MCE shall demonstrate that it has the capacity to serve the expected enrollment in that service area.

- To count Members, include each unique Member enrolled with the MCE and line of business as of the last day of the measurement period (e.g., June 30, 2020, for the quarterly report due to the Department on July 30, 2020).
- To count practitioners/practice sites:
  - Include each unique practitioner/practice sites contracted with the MCE and line of business as of the last day of the measurement period (e.g., June 30, 2020, for the quarterly report due to the Department on July 30, 2020).
  - 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	126,016	N/A	130,923	N/A
Total primary care practitioners (i.e., PROVCAT codes beginning with “PV” or “PG”)	430	N/A	449	N/A
Primary care practitioners accepting new Members	426	99.1%	445	99.1%
Primary care practitioners offering after-hours appointments	159	37.0%	158	35.2%
New primary care practitioners contracted during the quarter	5	1.2%	31	6.9%
Primary care practitioners that closed or left the MCE’s network during the quarter	8	1.9%	11	2.4%

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. **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
Health Colorado, Inc. (HCI) maintained a network of providers across the region in number and type of primary care practitioners to assure that all covered services will be accessible to Members immediately. HCI has meets time and distance standards for the majority of our Membership. Areas of need include practitioners for adult population or providers serving only pediatrics in Baca, Chaffee, Conejos, Crowley, Lake, Las Animas, Mineral, Prowers, Pueblo, Rio Grande and Saguache. Additionally, need Gynecology, OB/GYN (MD, DO, NP) that serve as primary care practitioners in Baca, Conejos, Las Animas, Mineral, Prowers, Pueblo, Rio Grande. During the reporting period, Parkview Ancillary Services added a new location (Medicaid ID 9000183754) in Pueblo with one practitioner who serves all ages. Valley-Wide Health Systems (VWHS) is opening two new practices in second quarter of the fiscal year located in Buena Vista and Canon City. VWHS expects to add an OB/GYN that serves as a PCP to their practice in the Fall of 2020. In addition, San Luis Valley Behavioral Health Group is planning to open a PCP practice during the third quarter of the fiscal year. Furthermore, Steel City Pediatrics, located in Pueblo has agreed to sign a contract to join the HCI network. HCI expects they will join the network by the next report. Through these additions, HCI will address network needs identified in the previous quarter of adult and pediatric populations within the Pueblo, Chaffee, and Fremont counties. HCI continues to be concerned about the manner practitioners serving both adults and pediatrics populations are limited to the category of Family Medicine practitioners. This underrepresents HCI's ability to meet the primary care needs and offer Member choice. HCI maintains a strong network of Family Medicine practitioners throughout the region to meet the needs of Members of all ages and genders within the access to care standard requirements. Federally Qualified Health Centers (FQHCs) in the network, Valley-Wide Health Systems and Pueblo Community Health Center, have a large number of Family Medicine Practitioners that are able to serve Members of all ages and genders, and offer women's health services and culturally appropriate services. In rural and frontier regions where practitioners are in short supply, Family Medicine Practitioners are better equipped to serve the various needs of the community. All providers can access telephone interpreter services for languages not available through their staff by contacting HCI.

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. **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
HCI has not identified additional Gynecology, OB/GYN (MD, DO, NP) or (PA) which serve as primary care practitioners in the region. As noted above, Family Medicine Practitioners offer women's health services in the region. Most of the Gynecologists in the region work as specialists only and provide access to covered services. Heart of the Rockies, a Rural Health Center, has Gynecologists as part of its Critical Access Hospital which is within the same building as the primary care practice. When appropriate, Medicaid Members received a specialist referral to receive care from the Gynecologists. In other counties, where there is no Gynecologist available and needs services with this specialty outside of the area, then HCI will support the Member access needed care. HCI continues to work with PCP practices to understand their use of telehealth services. During this quarter, twenty-one (21) practice locations reported using telehealth on limited services; however, they also reported experiencing overall reduced billing of routine and well-care services during the COVID-19 crisis. Southern Colorado Hospital District (SECHD) has made strides to improve their access through telehealth for primary, specialty and behavioral health. They invested early in the pandemic on a user-friendly telehealth platform and trained their staff on it. In addition, Rocky Ford Family Health Center has reported using telehealth to continue to treat patients during the pandemic, especially when the local skilled nursing facilities were under quarantine. Additionally, PCPs report offering some form of telehealth services in their clinic for specialty care gaps including behavioral health, psychiatry, and medical specialties such as infectious disease and family planning. HCI continues to promote Care on Location for telemedicine for virtual urgent care services on the website. Dr. Savage, the CEO of Care on Location, presented at our October Performance Improvement Advisory Council meeting. His presentation included a overview of services they provide as well as a demonstration of some of the technology utilized by his team HCI anticipates that both Member and provider experience to telehealth services during the COVID-19 crisis will increase comfort levels with the technology and will have a lasting impact on service delivery During the reporting period, HCI made advances in the strategies to ensure that the PCP network has a sufficient number of providers to serve Members based on the maximum distance for their county classification. 1- Conducted quarterly review of the Enrollment Summary Report with data of non-contracted providers to identify PCP practices in the Region that are offering services to Medicaid Members, but not currently part of the network. In the previous report, HCI identified nineteen (19) practices for potential recruitment as a PCP, of which, ten (10) are located in Pueblo County, four (4) in Fremont, two (2) in Otero, and one (1) in each of the following counties: Alamosa, Custer, and Huerfano. HCI initiated outreach to learn more about their practice and confirm that they meet PCP criteria and have interest in joining the network. Practices outreached have not responded to inquiries to discuss

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. 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
contracting. HCI will continue outreach for recruitment to address the gaps identified through the GeoAccess analysis noted in Tables 11-13. 2- Conducted review of the Department of Regulatory Agency (DORA) Registry to identify providers with licensures that meet primary care provider criteria and are located within the region. Based on the review, no additional providers were identified which met the PCP criteria for recruitment within the region. 3- Worked with PCPs to identify the use of telehealth services within the region. HCI reports 90 PCP practitioners, which offer telehealth services. For example, the practitioners at Rocky Ford Family Health Center use telehealth to serve their patients that are not able to travel due to COVID-19 concerns. They also use telehealth to connect their patients with specialists. 4- Leverage community connections through the regional Program Improvement Advisory Council and Health Neighborhood Collaborative to obtain information on potential providers in the frontier and rural counties, which may be poised to join the network. The second benefit of using community-level feedback is that they may offer insight on the best way to initiate recruitment, including warm introduction. This may improve the provider's interest in joining the network. Through community engagement, HCI learned that Dr. James Simony, who left Parkview Ancillary Group, has opened a practice named Steel City Pediatrics in Pueblo. They have agreed to join the HCI network. HCI expects agreement will be signed by the next report.

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	126,016	N/A	130,923	N/A
Total behavioral health practitioners (i.e., PROVCAT codes beginning with "BV" or "BG")	1,804	N/A	1,872	N/A
Behavioral health practitioners accepting new Members	1,804	100%	1,872	100%

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Behavioral health practitioners offering after-hours appointments	494	27.4%	486	26.0%
New behavioral health practitioners contracted during the quarter	150	8.3%	107	5.71%
Behavioral health practitioners that closed or left the MCE's network during the quarter	415	23.0%	39	2.1%

Table 2B-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.**
CHP+ MCO, Medicaid MCO, RAE
HCI has 107 new providers from the report and removal of 39 providers, a net increase of 68 providers for this report. The additional providers were due to providers completing credentialing and facilities validating their provider rosters where they reported new providers. The new facility provider rosters removed those providers that have left the facility. Similar to the previous report, the majority of the providers removed from the report were staff providers with no confirmed Medicaid ID or active status within the facility. Additionally, the data management activities conducted during the quarter further corrected provider name spelling. Finally, HCI removed all providers with out of state service address. HCI is validating with the contracted providers that have out of state service locations to determine whether their demographics are accurate and serving Medicaid Members in those location, including telehealth services. Providers that confirm that they offer telehealth services in those locations will be included in future reports as part of the network. Additionally, any notification of outdated service locations will be corrected in the system. This process is helping HCI increase capacity of qualified Medicaid Enrolled providers with telehealth services. As the data is dynamic and contingent on ongoing validation of the provider record, HCI anticipates the number of providers will continue to fluctuate quarter over quarter. HCI's network of behavioral health providers in Pueblo meets ninety-nine (99%) percent of standards. Since majority of the practitioners center in the city of Pueblo, Medicaid Members residing in the border of the county (which would more accurately define as a rural community than urban) have limited practitioners within the 30-mile radius. In those areas, there are no sufficient behavioral health providers to meet the requirement. Also, the addition of practitioners in the county has not positively impacted the standards because they are not located within the 30-mile radius from all Medicaid Members.

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.**
CHP+ MCO, Medicaid MCO, RAE
HCI did not meet one hundred (100%) percent of the standards for Psychiatrists and Other Psychiatric Prescribers in Pueblo and Powers. While there are limited available providers licensed to prescribe within the region, changes in the HCPF Coding Manual has made recruitment and retention more challenging. Since prescribers who do not meet the Behavioral Health Specialty Provider Criteria are required to bill Fee-For-Service for Evaluation & Management (E&M) Codes, they no longer have an incentive to contract with HCI. Parkview Ancillary Group terminated their group agreement with 12 practitioners in the reporting year due to the E&M billing changes. Across the region, HCI did not meet one hundred (100%) percent access within the required distance to Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities and Psychiatric Residential Treatment Facilities. Parkview Medical Center terminated their behavioral health contract for HCI in September 2020, which further reduced access to inpatient services. HCI is closely monitoring Members presenting in Parkview's Emergency Room (ER). HCI is working with local community mental health centers and Health Solutions to evaluate Members for an appropriate discharge plan and placement based on the Member needs within the network. This includes leveraging non-inpatient services such as ATUs, for Member care. When appropriate, HCIs clinical team is in communication with network inpatient facilities to locate a bed and transition the Member. In situations where appropriate placement is not available, HCI has negotiated one-day inpatient authorization with Parkview to ensure Member care and allow time to transition Member to an in-network facility. Partner CMHCs, are working to increase capacity in services within the region. Southeast Health Group (SHG) is expected to add an Acute Treatment Unit (ATU) to its Regional Assessment Center in La Junta (Otero county) in the Fall of 2020. This will allow the SHG to perform co-occurring SUD and mental health crisis inpatient services for individuals close to home. Similarly, Solvista Health is planning a six bed ATU in the Summer of 2021, which will be connected to Heart of the Rockies Regional Medical Center in Salida (Chaffee county). The addition of the two facilities will increase capacity for services for Members in their community. Here is the status of the strategies that are underway to fill the gaps in provider needs outlined above within the region:

COLORADO
Department of Health Care Policy & Financing

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.**
CHP+ MCO, Medicaid MCO, RAE
1- Tracked utilization, Single Case Agreement (SCA) data, and historical claims information to identify providers who are currently providing services to Health First Colorado (Medicaid) Members. As part of the on-going monitoring of the SCA data, HCI actively outreached providers that have received multiple SCAs in the previous six (6) months. HCI has been working with nine (9) providers: four (4) in Pueblo, three (3) in El Paso, one (1) in Alamosa, and one (1) in Chaffee counties) with SCAs to join the network. A dedicated HCI staff is assisting the five (5) providers who initiated credentialing in the previous report to complete the process. 2- Conducted review of current listings of Health First Colorado (Medicaid) participating providers and Department of Regulatory Agencies (DORA) registry to identify providers within the region. HCI outreached providers identified through the listings of Health First Colorado participating providers and the DORA Registry. The majority of the providers with service locations in the rural and frontier counties identified through these listings are associated with the local CMHCs. There were no independent providers identified through this research for recruitment. In the previous report, HCI identified five (5) potential providers for recruitment. These providers are not Health First Colorado enrolled providers. There is no change in outreach for these providers from previous report. The outreach has had limited success as these providers are currently not serving Health First Colorado (Medicaid) Members and have limited incentive to join the network. Provider Relations will continue to outreach these providers for recruitment and learn more effective approaches to recruit providers to serve Medicaid Members. Additionally, HCI will continue to review the DORA registry to identify new providers in the region to research and recruit should they meet the licensure requirements. 3- Monitored operational processes to successfully recruit and report behavioral health providers. During the reporting period, HCI continued to focus on supporting providers in the credentialing process to complete the application and join the network. Specifically, HCI prioritized Provider Relations staff training to enhance understanding of the credentialing process to communicate with providers around correct application and address potential barriers. This has helped address provider concerns in timely manner and offer transparency on the status of their application. At the end of the reporting period, there were 203 behavioral health individual providers and facilities across the state in the credentialing process for Medicaid. This was a decrease from 312 providers in the credentialing process in the previous quarter. Providers outside of the region are interested in joining the HCI Medicaid network because they have service locations in bordering counties or in counties where there is a network gap based on GeoAccess review.

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.**
CHP+ MCO, Medicaid MCO, RAE
4- Expanded utilization of telehealth services throughout the region for specialty services and Members located in our rural and frontier areas. HCI monitored the utilization of telehealth services from the last quarter of FY 2020 to the first quarter of FY 2021. During the reporting quarter, twenty-six (26%) percent of the outpatient services (based on number of units) were provided through telehealth. This has remained consistent from previous quarter, where twenty-four (24%) percent of services were provided through telehealth. The majority of the utilization continues to be for individual and family psychotherapy codes (90832, 90834, 90837, 90846, and 90847) with very little use of other codes, including Medical Management codes. The appointment cadence appears to be weekly, which is in alignment with in-person services. The State of Emergency, which allows for expanded use of telehealth services has been extended, which has allowed the continued use of services. HCI continues to monitor the changing environment of telehealth, specifically expansion of covered codes and telephone as an allowed medium, to support providers as they build capacity towards a sustainable service. Heart Centered Counseling has service locations in Greeley, Fort Collins, Littleton, Denver, and Colorado Springs where they are adding locations, Psychiatrists, prescribers and LCSWs. The group has a robust telehealth program, which will increase access and Member choice through telehealth services for the region. **Providers Accepting Certifications:** During the reporting period, Solvista Health initiated accepting outpatient certifications. As a result, HCI has two (2) CMHCs within the region that accept certifications; the other is Southeast Behavioral Health. In total, there are seven (7) CMHCs accepting certifications. The others are: • North Range Behavioral Health • Mental Health Partners • The Center for Mental Health • Mind Springs Health • AspenPointe Health Services **Cultural Competency:** HCI has 733 behavioral health providers across the State that report language other than English, including 87 within the HCI counties. Medicaid Members in RAE Region 4 rely on HCI partner CMHCs and FQHC as primary sources for specialized behavioral health. As a result, our partner providers take steps to ensure they have accessible and expertise to serve Members across all ages, levels of abilities, gender identities, and cultural identities.

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.
CHP+ MCO, Medicaid MCO, RAE
HCI is scheduled to conduct a cultural competency training for providers in January 2021 as an effort to expand capacity within the network.

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

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

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

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

3. Network Changes and Deficiencies

Network Changes

Supporting contract reference: The MCE shall report in writing to the Department, all changes in MCE Networks related to quality of care, competence, or professional conduct.

Table 4-Network Changes: Discussion

If the MCE experienced a positive or negative change in its network related to quality of care, competence, or professional conduct, describe the change and state whether the MCE notified the Department, in writing, within ten (10) business days of the change. **Note: If the MCE experienced a deficiency in the quarter prior to the measurement period, the MCE's response should include a description of the actions taken by the MCE to address the deficiency.**
CHP+ MCO, Medicaid MCO, RAE
During the reporting period, HCI did not experience a change in its network related to quality of care, competence, or professional conduct.

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.

4. Appointment Timeliness Standards

Appointment Timeliness Standards

Supporting contract reference: The MCE shall provide coverage of emergency and non-urgent medical services. The MCE shall have written policies and procedures describing how Members can receive coverage of emergency services or urgently needed services while temporarily absent from the MCE's service area.

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
PCPs are expected to maintain established office/service hours and access to appointments within the standards established by HCI and/or as may be required by Health First Colorado. The provider contract requires that the hours of operation of all HCI network providers are convenient to the population served and do not discriminate against Members (e.g., hours of operation may be no less than those for commercially insured or publicly insured, fee-for-service individuals), and that services are available 24 hours a day, seven days a week when medically necessary. Access to care standards, set by the state of Colorado, require all participating PCPs to have availability for Members within seven (7) days of request, and that urgent access is available within 24 hours from the initial identification of need. During the previous reporting period, HCI conducted the six (6)-month audit where forty-five (45%) percent of the audited practices met all standards. HCI conducted a training on access to care standards in July 2020 and initiated outreach to practices who did not pass the audit. This allowed practices to adjust their operations with changes in their hours of operations, reduction in services, and expansion of telemedicine where possible. During this time, many practices reported a reduction in services creating immediate access to available appointments. In order to ensure providers, meet the standards for timely access to care and services, HCI implemented a corrective action plan process for non-compliant providers. HCI conducted training on access to care standards and CAP process in July 2020. HCI reviews the monitoring process on quarterly through review of the tracking system of audited providers, letters sent to non-compliant providers, and processed CAPs followed policy. HCI will continue to outreach practices audited to ensure they comply with the standards.

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 are expected to maintain established office/service hours and access to appointments with standards established by HCI and/or as may be required by Health First Colorado. The provider contract requires that the hours of operation of all of our network providers are convenient to the population served and do not discriminate against Members (i.e., hours of operation may be no less than those for commercially insured or publicly insured, fee-for-service individuals), and that services are available 24 hours a day, seven days a week when medically necessary. Access to care standards, set by the state of Colorado, require all participating behavioral health providers to have availability for Members within seven (7) days of request, and that urgent access is available within 24 hours from the initial identification of need. During the reporting period, HCI audited thirty-seven (37) provider locations. Of those contacted, nine (9) provider locations met all the standards (twenty-four (24%) percent of audited providers). This is a slight increase from the audited conducted in previous reporting period where twenty-two (22%) percent of the audited practices met all the standards. Of those contacted, twelve (12) locations (thirty-two (32 %) percent) of practices reported availability within standard for an established Member. The remaining 25 provider locations (sixty-eight (68%) percent) did not meet the standards. To ensure providers meet the standards for timely access to care and services, HCI implemented a corrective action plan process for non-compliant providers. HCI conducted training on access to care standards and CAP process in July 2020. HCI reviews the monitoring process on quarterly through review of the tracking system of audited providers, letters sent to non-compliant providers, and processed CAPs followed policy. HCI will continue to outreach practices audited to ensure they comply with the standards.

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. 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 data for Members residing inside the MCE's contracted counties. For statewide behavioral health time and distance requirements, MCEs are required to report results 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; if a practitioner provides Adult and Pediatric Primary Care (and is not an OB/GYN), the MCE should count the practitioner one time under the Family Practitioner network category.

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 urban counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for Members residing in urban Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
HCI has one urban county, Pueblo, which is residence to the majority of HCI's Membership. The requirement for an urban county is to have one hundred (100%) percent coverage of two (2) providers within thirty- (30) miles and minutes. Physical Health HCI does not have one hundred (100%) percent coverage for Members within the time/distance requirement for any Network Categories. HCI conducted a GeoAccess analysis of the provider levels that do not meet one hundred (100%) percent of the standard and found that ninety-nine (99%) percent of the Members in Pueblo had coverage for: • Pediatric Primary Care (MD, DO, NP) • Family Practitioner (MD, DO, NP) • Family Practitioner PA • Gynecology, OB/GYN (MD, DO, NP) The following PCP provider types with zero (0%) percent coverage in Pueblo County: • Adult Primary Care (MD, DO, NP) • Adult Primary Care Mid-Level • Pediatric Primary Care Mid-Level • Gynecology, OB/GYN (PA) The reason that the network report has insufficient number of practitioners for adults is that most practitioners that serve adult patients start seeing Members at the age of 18 years. Medicaid guidelines defines a child Member as under the age of 21 years old. Network Category requirements counts these practitioners only in the Family Practitioner network. Behavioral Health In Pueblo county, HCI has ninety-nine (99%) percent coverage within standards for all behavioral health categories with the exception of Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities (ninety-five (95%) percent) and Psychiatric Residential Treatment Facilities (zero (0%) percent). Urban Counties outside of HCI (Adams, Arapahoe, Douglas, El Paso, Jefferson, and Weld counties) have more than ninety (90%) percent coverage for Adult Psychiatric and other Psychiatric Prescribers; Adult Substance Abuse Disorder Provider; Pediatric Psychiatric and other Psychiatric Prescribers; Pediatric Mental Health Provider, and/or Pediatric Substance Abuse Disorder Provider. Elbert and Clear Creek meet less than ninety (90%) percent of coverage for Adult Substance Abuse Disorder Provider and Adult Psychiatrists and Other

Psychiatric Prescribers eighty-six (86%) percent. Should Members in these counties need additional provider options from those available, HCI will consider Single Case Agreements (SCAs) when appropriate.

Access to psychiatric hospitals and residential treatment facilities within the required distance is a challenge for a large part of the HCI region. This will require work with HCPF and community partners to address.

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 rural counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for Members residing in rural Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
HCI has nine (9) of counties that qualify as rural counties, which are Alamosa, Chaffee, Conejos, Crowley, Fremont, Lake, Otero, Prowers, and Rio Grande. Rural counties require coverage of two (2) providers with the distance of forty-five (45) minutes or forty-five (45) miles for PCPs and sixty (60) minutes or sixty (60) miles for behavioral health providers. HCI met the time and distance requirement for a majority of the provider types in each rural county. Physical Health HCI meets one hundred (100%) percent coverage of Members within the time/distance for Family Practitioner (MD, DO, NP) for all nine (9) rural counties. The following counties met one hundred (100%) percent coverage by category: • Family Practitioner (PA): eight of the nine counties (exception is Prowers with ninety-nine (99%) percent coverage); • Pediatric Primary Care (MD, DO, NP): three (3) counties - Alamosa, Fremont and Otero counties; • Gynecology, OB/GYN (MD, DO, NP): six (6) counties - Alamosa, Chaffee, Crowley, Fremont, Lake and Otero. HCI conducted a GeoAccess analysis do not meet one hundred (100%) percent of the standard and are above ninety (90%) percent coverage: • Pediatric Primary Care (MD, DO, NP): ninety-nine (99%) percent coverage in Crowley, Prowers, and Rio Grande, and eighty-seven (87%) percent coverage in Conejos; • Family Practitioner (PA): ninety-nine (99%) percent coverage in Prowers County; • Gynecology, OB/GYN (MD, DO, NP): ninety-nine (99%) percent coverage in Prowers and ninety-three (93%) coverage in Rio Grande; • Gynecology, OB/GYN (MD, DO, NP): eighty-five (85%) coverage in Conejos. HCI has zero (0%) percent coverage in all nine (9) rural counties for Adult Primary Care (MD, DO, NP) and Mid-Level, and Pediatric Primary Care Mid-Level, Gynecology, OB/GYN (PA). Lake has zero (0%) percent coverage

for Pediatric Primary Care (MD, DO, NP) with the standards. For Members that live in counties with levels of care not available near the Member, available providers with the following levels serve the Member's needs: Family Practitioner (MD, DO, NP) and (PA), Pediatric Primary Care (MD, DO, NP), or Gynecology, OB/GYN (MD, DO, NP). If a Member needs services with providers outside of those available in the area, then HCI, through a Care Coordinator, connects the Member next closest available provider and assists Member with transportation, if necessary.

Behavioral Health

HCI meets one hundred (100%) percent of standards for all its rural counties within the region, with the exception of Prowers for Pediatric Psychiatrists and Other Psychiatric Prescribers with ninety-eight (98%) percent coverage.

The following counties outside of the region do not meet one hundred (100%) percent of the standard and are above ninety (90%) percent coverage:

- Adult Mental Health Provider – Grand ninety-four (94%) percent;
- Adult Substance Abuse Disorder Provider –Eagle with ninety-seven (97%) percent and Grand with ninety-four (94%) percent;
- Pediatric Mental Health Provider - Grand ninety-one (91%) percent;
- Pediatric Psychiatrists and Other Psychiatric Prescribers - Grand ninety-one (91%) percent;
- Pediatric Substance Abuse Disorder Provider - Grand ninety-one (91%) percent.

The following counties outside of the region have coverage less than ninety (90%) percent: The following counties had coverage below ninety (90%) percent:

- Adult Substance Abuse Disorder Provider – Archuleta, Garfield, La Plata, Routt;
- Pediatric Mental Health Provider - Garfield, Routt;
- Pediatric Psychiatrists and Other Psychiatric Prescribers - Archuleta, Garfield, La Plata, Montezuma, Routt;
- Pediatric Substance Abuse Disorder Provider - Garfield, La Plata, Routt.

Access to psychiatric hospitals and residential treatment facilities within the required distance is a challenge for a large part of the HCI region. This will require work with HCPF and community partners to address.

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 frontier counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for Members residing in frontier Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
HCI has nine (9) frontier counties, which are Baca, Bent, Costilla, Custer, Huerfano, Kiowa, Las Animas, Mineral, and Saguache. Members residing in a frontier county require two (2) providers within sixty (60) minute or sixty (60) miles for a PCP, and ninety (90) minutes or ninety (90) miles for behavioral health providers. HCI met the time and distance requirement for a majority of the provider types in each frontier county. Physical Health HCI meets one hundred (100%) percent coverage of Members within the time/distance for Family Practitioner (MD, DO, NP) across all nine (9) frontier counties, and Family Practitioner (PA) in seven (7) of the nine (9) counties. Additionally, five (5) of the nine (9) frontier counties met the Gynecology, OB/GYN (MD, DO, NP) (Counties: Bent, Costilla, Custer, Huerfano, Kiowa and Saguache) and Pediatric Primary Care (MD, DO, NP) (Counties: Bent, Costilla, Custer, Huerfano and Kiowa). HCI conducted a GeoAccess analysis of the coverage in counties that did not meet the full standard and found the following: • Pediatric Primary Care (MD, DO, NP): coverage of ninety-nice (99%) percent in Las Animas and Saguache, and seventy-two (72%) percent coverage in Baca; • Family Practitioner (PA): coverage of ninety-nice (99%) percent in Las Animas, and seventy-four (74%) percent coverage in Baca; • Gynecology, OB/GYN (MD, DO, NP) coverage of ninety-nice (99%) percent in Las Animas, seventy-five (75%) percent in Baca, and six (6%) percent in Mineral. HCI has zero (0%) percent coverage for Adult Primary Care (MD, DO, NP), Adult Primary Care Mid-Level, Gynecology, OB/GYN (PA), Pediatric Primary Care Mid-Level in all nine (9) frontier counties. Additionally, HCI does not have sufficient Pediatric Primary Care (MD, DO, NP) in Mineral county. If a Member needs services with providers outside of those available in the area, then HCI, through a Care Coordinator, connects the Member next closest available provider and assists Member with transportation, if necessary. There are a couple of reasons that explain the insufficient number of participations for adults and pediatric. First, most practitioners that serve adult patients start seeing Members at the age of 18 years. Medicaid guidelines defines a child Member as under the age of 21 years old. Second, practitioners in rural and urban counties tend to serve all ages. The Network Category requirements counts these practitioners only in the Family Practitioner network. As result, the majority of the practitioners in frontier counties are Family Practitioners.

Behavioral Health

For behavioral health network, the nine (9) frontier counties meet the time/distance and ratios requirement for all the Network Categories with the exception of Psychiatric Residential Treatment Facilities and Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities. HCI works with its statewide network facilities for placement when services are medically necessary and assists the Member to access the services with assistance for transportation.

The majority of the frontier counties outside the RAE Region 4 with HCI Members meet the access for all Network Categories with the exception of Psychiatric Residential Treatment Facilities and Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities. Members in Moffat do not have sufficient providers within the standard for Adult Substance Abuse Disorder Provider, Pediatric Psychiatrists and Other Psychiatric Prescribers, Mental Health Provider and Substance Abuse Disorder Provider. Should Members in these counties need additional provider options from those available, HCI will consider Single Case Agreements (SCAs) when appropriate.

Access to psychiatric hospitals and residential treatment facilities within the required distance is a challenge for a large part of the HCI region. This will require work with HCPF and community partners to address.

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 with SCAs and describe the MCE's use for SCAs.

Table A-1-Practitioners with SCAs: Data

Individual SCA Practitioner	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description
Franklin Q. Smith	*0000000*	*Denver*	*PV050*	*Adult Primary Care*
CHP+ MCO, Medicaid MCO, RAE				
BALLER, MARK	77228219	El Paso	BV102	Psychiatric NPs
BARTA, DIANE	01306356	Douglas	BV100	Psychiatrists
BECKER III, ROBERT	12573523	Pueblo	BV100	Psychiatrists
BEVERLY, SANDRA	72800259	El Paso	BV100	Psychiatrists
BINDSEIL, RICHARD	64238334	Boulder	BV100	Psychiatrists
BLACKWELDER, KIMBERLY	9000162573	Pueblo	BV130	Licensed Clinical Social Workers (LCSWs)
BOWER, ALEC	9000144126	Fremont	BV100	Psychiatrists
BRANNEY, SCOTT	01350388	Adams	BV100	Psychiatrists
CARBONELL, NICOLE	9000115264	El Paso	BV100	Psychiatrists
CARSTEN, PATRICIA	9000179975	Mesa	BV132	Licensed Professional Counselors (LPCs)
CATON, TRACE	27273261	Pueblo	BV100	Psychiatrists
CROSWAITE BRINDLE, KHARA	57150257	Denver	BV132	Licensed Professional Counselors (LPCs)
DAVIS, CHELSEA	9000168563	El Paso	BV132	Licensed Professional Counselors (LPCs)
DOBIN, JONATHAN	9000173467	Pueblo	BV100	Psychiatrists
DONAHUE, SEAN	08551359	El Paso	BV100	Psychiatrists
DSCHAAK, TYLER	9000175947	Pueblo	BV100	Psychiatrists
ELLIAS, JEREMIAH	53351771	Pueblo	BV100	Psychiatrists
FESTA, NICOLE	9000166266	Adams	BV080	Licensed Addiction Counselors (LACs)
FOX, CLINTON	85051802	El Paso	BV100	Psychiatrists
HAAK, KRISTOPH	9000174420	Pueblo	BV100	Psychiatrists
HALLE, TREVOR	9000175104	Pueblo	BV100	Psychiatrists

Individual SCA Practitioner	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description
HILTON, LEVI	44977042	El Paso	BV100	Psychiatrists
HOSLER, GREG	91587760	Fremont	BV100	Psychiatrists
JARAMILLO-FORD, CARLA	01631357	El Paso	BV103	Psychiatric CNS - General
JELTES, DANIEL	9000156320	El Paso	BV100	Psychiatrists
KARBER, NATHAN	86374273	Jefferson	BV100	Psychiatrists
KEATOR, LEILANI	14924323	El Paso	BV131	Licensed Marriage & Family Therapists (LMFTs)
KELLER, TYLER	9000148188	Pueblo	BV100	Psychiatrists
LEATHAM, AUNA	9000143782	El Paso	BV100	Psychiatrists
LETO, STEVEN	83182250	Pueblo	BV100	Psychiatrists
LINS JR, ROBERT	72224843	Fremont	BV100	Psychiatrists
LYONS, CASEY	9000174813	Fremont	BV100	Psychiatrists
MACEACHERN, TRACY	61974358	El Paso	BV100	Psychiatrists
MARUSKA, MICHAEL	9000166469	Pueblo	BV100	Psychiatrists
MCCLEAN, JUSTIN	57275017	Adams	BV100	Psychiatrists
NARVESON, KRISTIAN	15675335	Pueblo	BV100	Psychiatrists
NUMSEN, PAUL	39785327	Fremont	BV100	Psychiatrists
PALLINI, MICHAEL	9000174196	Pueblo	BV100	Psychiatrists
RAEBURN, DANIELLE	24037389	Jefferson	BV100	Psychiatrists
RANDALL, KAREN	9000108299	Pueblo	BV100	Psychiatrists
RICHARDS, CARL	72488549	Delta	BV100	Psychiatrists
RICKARD, JEFFREY	92584268	Jefferson	BV100	Psychiatrists
ROCKLER, KENDALL	9000162728	Pueblo	BV100	Psychiatrists
SANDERS, LINDA	9000161282	Fremont	BV100	Psychiatrists
SEIFERD, IDA	23371218	Fremont	BV130	Licensed Clinical Social Workers (LCSWs)
SELL, JASON	60908572	Adams	BV100	Psychiatrists
SKEWES, ELIZABETH	61753734	Pueblo	BV100	Psychiatrists
SOOCH, YADAVINDER	84683848	El Paso	BV100	Psychiatrists
SOUDER, CHRISTOPHER	27631036	El Paso	BV100	Psychiatrists
TAYLOR, MARY	9000177840	El Paso	BV130	Licensed Clinical Social Workers (LCSWs)
THACKER, GREGORY	9000120890	El Paso	BV100	Psychiatrists
WISINSKI, BRANDON	9000174172	Fremont	BV100	Psychiatrists
WISNIEWSKI, MICHAEL	67372279	Jefferson	BV100	Psychiatrists

Individual SCA Practitioner	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description
YANG, GEORGE	85520284	Fremont	BV100	Psychiatrists
ZEPERNICK, RUSHTON	35501332	Boulder	BV100	Psychiatrists

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
Out-of-network providers are able to request SCAs to render service for HCI Members for the purpose of continuity of care or specialty services that are not available through the current network. Additionally, providers who are undergoing the credentialing process may request SCAs to start working with HCI Members. Upon review of the SCA data for this quarter, the psychiatrists on the report rendered services through an emergency department visit or an inpatient episode. HCI is monitoring SCA data on a monthly basis to recruit those providers that have received multiple SCAs and are not in the credentialing process. In the previous report, two (2) providers who rendered services through an SCA initiated the credentialing process. The providers are completing the process and a dedicated HCI staff is assisting them with the process. They are Kimberly Blackwelder and Ida Seiferd. In total, HCI is outreaching 9 providers with history of SCAs to have them join the network. Please reference Table 2B for details on pages 2-6 to 2-11.

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.