

ACC Network Adequacy Report

RAE Name: Health Colorado, Inc.

Region: 4

Period Covered: Q3 FY19

Resubmitted on May 31, 2019

Please indicate below any areas within the region where the network does not meet the choice of 2 providers within contracted time and distance standards. Please describe:

- What actions have been taken to address network deficiencies,
- Whether any deficiencies were resolved during the past quarter and how, and
- What ongoing actions the RAE is implementing to address unresolved network deficiencies while supporting client access and mitigating problems.

Health Colorado, Inc. (HCI) delegates network management responsibilities to Beacon Health Options (“Beacon”). Beacon seeks to create, administer and maintain a network of PCPs and a network of behavioral health providers to serve the needs of Medicaid members attributed to the region. Beacon works in close collaboration with HCI Board of Directors and Executive Officer, as well as the Provider Network Subcommittee to oversee the development and maintenance of a robust network of primary care providers (PCPs) and behavioral health providers for the regional organization that meets and exceeds the network time and distances standards as well as member to provider ratios.

1. PHYSICAL HEALTH

Health Colorado, Inc. has a network of PCPs that cover all counties of the regional organization. The network includes contracts with Essential Community Providers including FQHCs and Rural Health Centers, in addition to private and non-profit Medicaid enrolled PCPs in the region that serve both adult and children. All of the pediatric and adult members (100%) have a choice of at least two (2) providers within the maximum distance for their county classification including in the rural and frontier areas.

ACTIONS TAKEN TO IMPROVE THE NETWORK

Data Management

Beacon efforts to work with Behavioral Health and PCP practices to confirm rendering provider data. The data reported for this report shows an improvement in rendering providers, providers accepting new members and offering extended hours of service.

Practice Transformation

Practice Transformation is a significant strategy to engage with PCP practices as a recruiting and retention tool. The first step is engaging the PCP through a Practice Assessment at the beginning of their contract and periodically thereafter. This is an opportunity for an interdisciplinary team to learn about the practice’s capabilities, staffing and operational procedures. It offers an opportunity to engage with the provider on areas of improvement such as adding extended hours of operation, creating policy for member dismissal and enhance their

ACC Network Adequacy Report

electronic health records. As a result of this engagement, providers welcome information about best practices, tools and training to improve member care. The efforts of practice transformation has a financial incentive for the provider. If the practice improves in key areas such as care coordination and information technology, then they have the potential to advance to a higher level and earn enhanced per member per month (PMPM). An example is Ryon Medical Center, which completed the Practice Assessment Tool at the beginning of the RAE contract and met the Collaborative level due to their participation in CPC+ and level of integrated medical home. Through the practice assessment, Provider Relations engaged with the PCP to discuss the offering of extended hours, accepting COUP members, becoming an accessible facility, and leveraging Short Term Behavioral Health Services to better serve their members. Additionally, RAE's Director of HIT conducted a site visit along with Provider Relations to learn about their reporting and data sharing system through their electronic health records. The meeting ultimately did not yield the preferred outcome of having a direct path for data sharing; however, it did inform the practice of the limitations of its electronic health records system and they will be engaging with their EHR vendor to improve their connectivity. Should the practice make these changes, it may propel them to an Accountable provider.

As Ryon Medical Center is in the process of launching new electronic health record system, they recognized that it allowed for incorporating reporting mechanisms and tracking care coordination activities. This would allow the practice to meet the higher expectations of an Accountable provider once they implement the electronic health record system. As of the reporting period, two (2) PCPs have shown interest in completing the practice assessment. These are: Spanish Peaks Regional Health Center and Southeast Colorado Hospital District.

Provider Relations has sent them the tool to review with the practice's subject matter experts such as Practice Manager, Information Technology, Clinical team and Care Coordinators and respond to their specific sections. As the practices complete the tool, Provider Relations sends the responses to a multi-disciplinary team to review, request more details or provide opportunities for education ahead of an on-site visit or webinar meeting to review the responses in a multi-disciplinary setting.

FUTURE ACTIONS:

Beacon Health Options will continue to work with PCPs to verify on monthly basis their rendering provider information to accurately describe the network in provider directories, network adequacy assessments and reporting.

Provider Relations reviewed the current list of providers participating in Medicaid to identify key practices and providers who are currently providing services to Health First Colorado Members. Based on this information, Provider Relations did not find a PCP in the Region 4 with whom Beacon had not contracted. Provider Relations will continue to source other data to identify potential PCPs including reviewing utilization data, historical claims information and

ACC Network Adequacy Report

Business Associate Agreements (BAA) with CPAC to cross-reference against providers who are not in the network and may be a potential recruitment.

2. BEHAVIORAL HEALTH

Beacon Health Options has a strong state-wide network of behavioral health providers to comply with the network time and distance standards. The network includes contracts and relationships with Essential Community Providers including Community Mental Health Centers, FQHCs, school-based health centers, Rural Health Centers, community safety-net clinics, as well as number of private/non-profit providers and substance use disorder providers in the region.

HCI members have access to at least two (2) behavioral health providers (not including SUD providers) within the maximum distance for their county classification. Most of the members (99%) have a choice of at least two (2) providers within the maximum distance for their county classification. This includes 98% of adults and 79% of children. The overall practitioner to client ratios for mental health providers in the region meets the standard for adult and pediatric population.

Members under the age of 18 residing in rural and frontier counties do not have sufficient behavioral health providers serving pediatric population to offer choice of at least two (2) providers within the required distance with 78% of children in rural and 87 % of children in frontier counties.

Beacon has contracts with Substance Use Disorder (SUD) providers throughout the state that meets the practitioner to client ratio. All members (100%) have access to at least two (2) SUD providers within the required distance.

ACTIONS TAKEN TO IMPROVE THE NETWORK

Recruitment Efforts

Of the numerous strategies outlined during the first quarter to recruit behavioral health providers, here are highlighted the strategies that yield effective results:

1. Collaborate with HCI partners to expand services in areas of need through additional staff, school based services and co-location at PCP offices

There are limited available providers located in the rural and frontier counties for recruitment. As a result, Health Colorado and the members that reside in these areas rely on the partner Community Mental Health Center in these areas of need to improve access to behavioral health services.

San Luis Valley Behavioral Health Group serves counties of Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache has staff providers of all levels including those that serve the pediatric population. They have seven (7) credentialed locations and have staff that travel to schools and PCP offices to render behavioral health services in frontier areas. The location they

ACC Network Adequacy Report

opened in February 2019 serves the membership in Rio Grande County. Additionally, they have staff members that will utilize office space in Mineral County to see members as an option for members that are not able to travel to the clinic located in Del Norte.

Southeast Mental Health Center serves counties of Baca, Bent, Crowley, Kiowa, Otero, Prowers with staff providers of all levels including those that serve the pediatric population. They have six (6) credentialed locations, in addition to, co-locating in PCP offices, schools and other local venues to have behavioral health services accessible to the community. They are adding a location in Las Animas, which borders Otero, Bent and Baca counties.

2. Offer telemedicine services to members in rural and frontier areas who have psychiatry and other specialty needs

Beacon Health Options has expanded access to these services in the rural and frontier counties in the third quarter of the fiscal year as an option when members identify transportation issues or the next appointment with a local provider is outside the access to care standards. Beacon contracted with two (2) telehealth service providers, Heart Centered Counseling and ReNew Behavioral Health. They offer mental health counseling and tele-psychiatry services with fully credentialed and Medicaid enrolled master's level licensed counselors and prescribing Registered Nurses (RNs) and Nurse Practitioners (NPs). Telemedicine services are available to all members assigned to Health Colorado. This can be upon request from the member or offered as option when members report transportation concerns. [REDACTED]

Health Colorado terminated the contract with Ieso service, which offered on-line Cognitive Behavioral Therapy (CBT) service due to low utilization and member interest in the services.

Health Colorado has not engaged with primary care and medical specialists on telemedicine to address access to care for members in rural and frontier areas. Since Health Colorado is not financially responsible for medical specialty, there will be a need to collaborate with the Department and creatively link primary care and medical specialists through telemedicine.

3. Engage PCPs, especially those in rural and frontier areas, with practice transformation, care coordination, behavioral health providers co-located at PCP offices and programs such C-PAC to expand their capabilities to serve their members in need behavioral health services

Beacon Health Options offers Colorado Psychiatric Access and Consultation (CPAC) to primary care providers in the Health Colorado region. This is a psychiatric access program that provides PCMPs with access to psychiatric specialists, and assists with providing the education, training, consultation, and referral resources to be able to provide psychiatric medications to members in their own practices, minimizing the need for referrals to outside specialists. By providing consultation services to primary practices, psychiatric access services enables PCMPs to address psychiatric medication needs for their patients. Using this model reduces demand for the limited

ACC Network Adequacy Report

psychiatric resources, and ensures that the complex cases are referred to the psychiatrics thus optimizing the available resources in rural and frontier areas. As noted in previous report, 56 PCPs locations including 18 PCPs with multiple sites in Region 4 have signed a Business Associate Agreement (BAA) with Beacon to access psychiatric specialists through the CPAC program. This includes PCPs not currently contracted with Beacon for PCP network, so Provider Relations will conduct outreach to those providers for recruitment.

4. Track utilization and Single Case Agreement data and historical claims information to identify providers who are currently providing services to Health First Colorado Members

Provider Relations tracks utilization and Single Case Agreement data on a weekly basis and cross-references it against the providers who are in the credentialing process to be in the network. This helps to monitor which providers that have high utilization and (a) remain in the credentialing process and will be contacted to assist them to complete the credentialing process or (b) have not initiated the credentialing process and will be contacted to recruit them into the network.

The Region 4 Q3 2019 Provider Network report states the number of providers with single case agreements (SCAs), not the number of individual SCAs. Some providers, especially those in the process of completing credentialing, may have received multiple SCAs during the transition period.

Beacon had an established state-wide network of behavioral health providers, especially within the Region 4 area, for decades prior to the RAE implementation. Additionally, Provider Relations conducted an active recruitment of providers within the area to join the network and complete the credentialing process in an expedited process. Finally, Provider Relations continues to actively monitor single case agreements to identify providers, based on expertise or geographic location, who may best serve the membership by joining the network. This allowed for providers to be part of the network prior to, or shortly after, go-live and significantly reduce the need for single case agreements.

5. Providing enhanced case rates to providers who are willing to extend beyond their current radius of service provision

Provider Relations worked closely with HCI leadership to identify high-need specialties or providers in the area to outreach to them and negotiate contracts to recruit them or maintain them in the network. Beacon outreached to providers who serve the needed areas and specialties for recruitment using the strategies outlined above.

Behavioral Health Providers Accepting Certifications

Provider Relations surveyed all CMHCs to confirm acceptance of certifications. The information resulted in identifying six (6) CMHCs that accept mental health certifications of which one (1) of the Community Mental Health Centers is within the region. Those are:

ACC Network Adequacy Report

Southeast Behavioral Health – Within the region

North Range Behavioral Health

Mental Health Partners

The Center for Mental Health

Mind Springs Health

AspenPointe Health Services

FUTURE ACTIONS

Recruitment Efforts

Beacon Health Options will continue to utilize the policies in place to ensure that providers are accessible and available to Members, and that the provider network contains the specialties necessary to accommodate the needs of Members.

Beacon will continue to target the areas of need to identify and recruit existing SUD and Mental Health providers who serve the areas of need using established strategies, which include:

- Use current list of providers participating in Health First Colorado to identify providers within the region for recruitment
- Work with County DHS Departments to identify CORE providers and work with these providers in becoming credentialed within the system
- Work with providers, who may be outside the region and willing to provide services within the region on a contract basis.
- Work with providers, particularly in frontier areas, to identify workforce recruitment options we can assist with to recruit and retain staff. I.E. National Health Service Core, Public Loan Forgiveness
- Provide enhanced case rates to providers who are willing to extend beyond their current radius of service provision
- Track utilization and Single Case Agreement data and historical claims information to identify providers who are currently providing services to Health First Colorado Members
- Collaborate with HCI partners to expand services in areas of need through school based services and co-location at PCP offices
- Engage Provider Network Subcommittee to identify key practices and recruitment strategies that would be best suited for the region, as well as, ways to support existing network providers in expanding their service array/area
- Offer telemedicine services to members in rural and frontier areas who have psychiatry and other specialty needs
- Engage PCPs, especially those in rural and frontier areas, with practice transformation, care coordination, behavioral health providers co-located at PCP offices and programs

ACC Network Adequacy Report

such C-PAC to expand their capabilities to serve their members in need behavioral health services.

- Update and maintain data systems to more accurately identify providers who have availability of after-hours and weekend appointments and disability accessible facilities, and have cultural expertise.
- Offer training and assessment services to providers to increase availability of after-hours and weekend appointments, culturally competent providers and disability accessible facilities.

Patient Load: Beacon monitors overall provider network patient load on our network using a comprehensive system for monitoring patient load and overall network capacity. Primary Care Providers are able to update their capacity by notifying Beacon to temporarily close their panels to new members or geographic attribution, and/or change their panel size. In those cases, Beacon updates the State's Portal and monthly reports and the following edition of the Provider Directory will reflect the changes.

Additionally, Beacon has initiated an internal workgroup to develop a policy of PCPs panel ratio to member attribution to standardize capacity and improve access to care to Medicaid Members; likely based on the number of rendering providers within the PCP location. The workgroup has met twice and has reviewed journals on best practices for PCP to panel ratios, received input from Provider Network Subcommittee on how clinics monitor their patient load and is undergoing panel analysis to model various panel ratios to assess the best approach for Health Colorado.

Behavioral Health Providers Accepting Certifications

Since Certifications is a legal process that compels a person to receive involuntary treatment and it requires that the treating facility accept the certification and agree to provide the court with information regarding the person's progress, many facilities are reluctant to take on this responsibility. The facility needs to have the system of care and resources to appropriately care for this population. Some of the feedback received is that they feel that accepting such patients increases their potential liability if the patient commits an illegal act.

Additionally, Provider Relations is collaborating with Clinical Department to identify additional facilities that accept mental health certifications. For those facilities that do not, then we are identifying their concerns to present the findings to HCPF for potential collaboration in addressing them.

ACCESSIBLE NETWORK

Beacon Health Options seeks to have a strong and accessible Primary Care and Behavioral Health Provider network that is open to see members, available for after-hours and weekend

ACC Network Adequacy Report

appointments, offers services with cultural expertise and accessible facilities, and offers timely appointment wait times.

Provider Relations educates providers about the access to care standards to ensure they are meeting the requirement of routine and urgent appointment availability, as well as, twenty-four (24) hour access to a clinical staff to offer information, referral and treatment for emergency medical conditions. Practices may meet the latter requirement through the inclusion of the State-wide crisis number on their after-hours message.

Actions Taken To Improve the Network

The network reports and Provider Directory is based on the provider demographic data on the Beacon system. As noted in first quarter report, one of the challenges faces was the accuracy and completeness of the information received from the network providers. Beacon communicated to providers about the requirement to have reported after-hours and weekend availability through the on-boarding training and provider alerts and included a tutorial on how to update the information on Beacon's ProviderConnect.

Member Services has a process in place to address any complaints from a patient regarding appointment wait times and works with Provider Relations for timely resolution. This may include outreach to the practice to review their process ensuring it meets the requirements and address any a systemic reason for the complaint.

Future Actions

Beacon initiated in third quarter of fiscal year 2019, and will continue in fourth quarter, a provider outreach strategy to focus on conducting targeted one-on-one training with PCPs and high utilization behavioral health providers to educate them on access to care standards, cultural competency, accessible facilities and appointment wait times. This allows for one-on-one demonstrations of ProviderConnect and educate how the data is used for member attribution and referrals in order to encourage the practice to maintain accurate provider demographics with Beacon. Additionally, Provider Relations will extend practices the opportunity to assess their facilities on accessibility standards and show the provider on ways they can improve. For all providers, Beacon will share resources to allow them to make improvements within their practice.

Furthermore, Provider Relations works in collaboration with PCPs to educate on the benefits of offering appointments beyond their 8am-5pm Monday thru Friday appointment schedule to meet the needs of their members. Provider Relations shares tools and resources when practices report interest in enhancing its services through after-hours or weekend appointments. This include information deliverable verbally on how extended hours can assist to reduce avoidable emergency room visits, how to leverage the Nurse Advice Line, and use current staff when resources are limited. Most practices choose to add one hour before or after regular business schedule one day a week. Once the new appointment schedule is implemented, then Provider Relations assists providers to update the data in the Beacon system to accurately track the

ACC Network Adequacy Report

practices with after-hours and weekend availability. However, many practice locations in rural or frontier areas lack the resources and staffing to have routine/published extended hours and may not be able to incorporate after-hours or weekend appointments into their schedules.

Provider Relations will continue to work with the Quality Department to implement a method to audit periodically practices on their wait times to ensure it meets standards and, if any deficits are identified, to educate and monitor the practice to achieve the standard.

ACC Network Adequacy Report

1. Please complete the tables for all of the providers in your network.

PHYSICAL HEALTH PROVIDERS

Health Colorado has 50 unique Primary Care Providers with 120 practice locations throughout the region. The number of locations reduced in 3rd quarter from 122 to 120 due to Huerfano County Hospital District (DBA Spanish Peaks Family Clinic) updated their PCP locations.

Within the PCP practice locations there are 294 unique rendering providers. Here is the breakdown by unduplicated Provider Type:

Provider Type	Rendering Providers
Pediatrics	9
Midwife	2
Physician Assistants/Nurse Practitioners	116
Physicians-Obstetrics/Gynecology	3
Primary Care	157
Specialty Physicians	7
Grand Total	294

Specialty Physicians is a category derived from the Provider File Layout that is collected and submitted to the Enrollment Broker for the rendering provider level demographics. PCPs reported seven (7) rendering providers as this provider type. Provider Relations outreached to the PCPs with rendering providers with reported provider type of specialty physician. The PCPs who responded state that these were Internal Medicine physicians.

The data presented in the "Region 4 Q3 2019 Provider Network" Tab "Physical Health" shows a total of 330 rendering providers and the tabs "PCP by County" and Client Ratio - PCP" show a total of 305 rendering providers. Beacon validated the data to arrive at the true number of unduplicated rendering providers noted in the above table. The reports found in the "Region 4 Q3 2019 Provider Network" are based on data at the service location level or County level, respectively. This results in rendering providers serving in more than one practice location and across multiple counties to be counted more than once.

ACC Network Adequacy Report

BEHAVIORAL HEALTH PROVIDERS

Health Colorado has 609 unique behavioral health providers (497 independent providers and 112 facilities) in the state-wide network of which 95 have a practice location within the region. Here is the breakdown by licensure:

Behavioral Health Licensure	Unique Rendering Providers Statewide	Unique Rendering Providers within Region 4
APRN	16	5
DO	1	1
EDD	3	0
LADC	2	0
LCSW	114	17
LICS	1	1
LMFT	36	4
LMHC	11	1
LPC	207	23
MA	8	0
MD	16	10
MS	4	1
NP	1	1
ORGANIZATIONS	112	23
PA	1	0
PHD	42	4
PSYD	34	4
Grand Total	609	95

Please reference “Region 4 Q3 2019 Provider Network” on Tab “Behavioral Health” for listing of behavioral health provider types by county. Providers outside of the region were listed as “Other” in one line. Please reference Tab “BH-Other Detail” for county level information of providers outside the region boundaries.

ACC Network Adequacy Report

The breakdown of behavioral health provider types is as follows:

Provider Type	Behavioral Health Practitioner Number	Behavioral Health Practitioner Percentage
ADULT_MH_PROVIDER	772	55%
CHILD_PSYCHIATRIST	7	.5%
PED_MH_PROVIDER	380	27%
PSYCHIATRIC_PRESCRIBER	42	3%
PSYCHIATRIST	19	1.5%
SUD_PROVIDER	176	12%
Grand Total	1396	100%

The breakdown of behavioral health provider types by County is as follows:

Provider Type	Behavioral Health Practitioner Number	Behavioral Health Practitioner Percentage
Alamosa	10	0.7%
ADULT_MH_PROVIDER	5	0.4%
PED_MH_PROVIDER	3	0.2%
PSYCHIATRIC_PRESCRIBER	1	0.1%
SUD_PROVIDER	1	0.1%
Baca	3	0.2%
ADULT_MH_PROVIDER	2	0.1%
SUD_PROVIDER	1	0.1%
Bent	5	0.4%
ADULT_MH_PROVIDER	3	0.2%
SUD_PROVIDER	2	0.1%
Chaffee	26	1.9%
ADULT_MH_PROVIDER	13	0.9%
PED_MH_PROVIDER	8	0.6%
PSYCHIATRIC_PRESCRIBER	1	0.1%
SUD_PROVIDER	4	0.3%
Conejos	1	0.1%
ADULT_MH_PROVIDER	1	0.1%
Costilla	1	0.1%
ADULT_MH_PROVIDER	1	0.1%
Crowley	3	0.2%
ADULT_MH_PROVIDER	2	0.1%
SUD_PROVIDER	1	0.1%
Custer	3	0.2%
ADULT_MH_PROVIDER	2	0.1%
SUD_PROVIDER	1	0.1%

ACC Network Adequacy Report

Fremont	23	1.6%
ADULT_MH_PROVIDER	12	0.9%
PED_MH_PROVIDER	5	0.4%
SUD_PROVIDER	6	0.4%
Huerfano	5	0.4%
ADULT_MH_PROVIDER	3	0.2%
PED_MH_PROVIDER	1	0.1%
SUD_PROVIDER	1	0.1%
Kiowa	2	0.1%
ADULT_MH_PROVIDER	1	0.1%
SUD_PROVIDER	1	0.1%
Lake	2	0.1%
ADULT_MH_PROVIDER	1	0.1%
SUD_PROVIDER	1	0.1%
Las Animas	7	0.5%
ADULT_MH_PROVIDER	4	0.3%
PED_MH_PROVIDER	2	0.1%
SUD_PROVIDER	1	0.1%
Otero	9	0.6%
ADULT_MH_PROVIDER	5	0.4%
PSYCHIATRIC_PRESCRIBER	1	0.1%
PSYCHIATRIST	1	0.1%
SUD_PROVIDER	2	0.1%
Other	1149	82.3%
ADULT_MH_PROVIDER	648	46.4%
CHILD_PSYCHIATRIST	3	0.2%
PED_MH_PROVIDER	327	23.4%
PSYCHIATRIC_PRESCRIBER	24	1.7%
PSYCHIATRIST	8	0.6%
SUD_PROVIDER	139	10.0%
Powers	6	0.4%
ADULT_MH_PROVIDER	4	0.3%
SUD_PROVIDER	2	0.1%
Pueblo	135	9.7%
ADULT_MH_PROVIDER	61	4.4%
CHILD_PSYCHIATRIST	4	0.3%
PED_MH_PROVIDER	33	2.4%
PSYCHIATRIC_PRESCRIBER	15	1.1%
PSYCHIATRIST	10	0.7%
SUD_PROVIDER	12	0.9%
Rio Grande	5	0.4%

ACC Network Adequacy Report

ADULT_MH_PROVIDER	3	0.2%
PED_MH_PROVIDER	1	0.1%
SUD_PROVIDER	1	0.1%
Saguache	1	0.1%
ADULT_MH_PROVIDER	1	0.1%
Grand Total	1396	100.0%

On the report above, the total number of practitioners is based on their specialties and location. If practitioner serves more than one specialty or location, then they are counted more than once.

Behavioral Health within PCP offices

Behavioral health providers are available within PCP offices. The following PCPs have behavioral health providers in at least one of their practice locations:

- Health Solutions
- Solvista Health
- Pueblo Community Health Center
- Ryon Medical and Associates
- Valley-Wide Health Systems
- Wellness Works
- High Plains Community Health
- Parkview Ancillary

The data is currently being gathered to identify the number of providers by provider type and location to accurately report.

ACCEPTING NEW MEMBERS

The breakdown below shows at the provider type, 96% of the network has reported as accepting new members. Please reference "Region 4 Q3 2019 Provider Network" Tab "Physical Health" for detailed data.

ACC Network Adequacy Report

Provider Type	PCP Practitioners Number	PCP Accepting New Clients Number	PCP Accepting New Clients Percentage
Pediatrics	9	5	56%
Physician Assistants/Nurse Practitioners	120	118	98%
Physicians-Obstetrics/Gynecology	3	3	100%
Primary Care	190	184	97%
Specialty Physicians	7	7	100%
Grand Total	329	317	96%

On the report above, the total number of practitioners is based on specialties reported at the location level. If practice location has practitioners who offer a specialty, then the practice is counted more than once. For details, please reference “Region 4 Q3 2019 Provider Network” on Tab “Physical Health Network”.

All (100%) of behavioral health providers in all provider types are currently accepting new members.

Providers are able to update their capacity by notifying Beacon to temporarily close their panels to new members. In those cases, Beacon removes the behavioral health practitioner from the clinical referrals; and for PCPs, Beacon updates the State’s Portal and monthly reports. For all providers, the following edition of the Provider Directory will reflect the changes.

AFTER-HOURS AND WEEKEND AVAILABILITY

The breakdown below shows at the provider type, 26% of the network has reported as having after-hours care, an increase from 16% in previous quarter. Data is based on rendering practitioner per location and not unique rendering practitioner. Please reference “Region 4 Q3 2019 Provider Network” Tab “Physical Health” for detailed data.

Provider Type	PCP Practitioners Total	PCP Extended Hours Number	PCP Extended Hours Percentage
Pediatrics	9	0	0%
Physician Assistants/Nurse Practitioners	120	39	33%
Physicians-Obstetrics/Gynecology	3	0	0%
Primary Care	190	48	25%
Specialty Physicians	7	0	0%
Grand Total	329	87	26%

ACC Network Adequacy Report

As for behavioral health providers, there is 313 or 22% practitioners who reported as having afterhours and/or weekend care in the statewide network. This is a slight increase (1%) from last reporting period. Here is the breakdown by provider type:

Provider Type	Behavioral Health Practitioners Number	Behavioral Health Extended Hours Number	Behavioral Health Extended Hours Percentage
ADULT_MH_PROVIDER	772	163	21%
CHILD_PSYCHIATRIST	7	0	0%
PED_MH_PROVIDER	380	111	29%
PSYCHIATRIC_PRESCRIBER	42	5	12%
PSYCHIATRIST	19	0	0%
SUD_PROVIDER	176	32	18%
Grand Total	1396	311	22%

CULTURAL EXPERTISE

Seventy-three (73 or 57%) primary care providers (PCP) locations reported as having completed a cultural competency training. This includes PCP locations that are adult primary care (73) and pediatric primary care (70). Please note that the numbers do not total 73 as the same practice location may serve more than one population. These numbers have not shifted from previous reports.

For behavioral health providers, there are 624 practitioners with language availability including 351 who have Spanish language.

ACCESSIBLE FACILITIES

PCPs have reported through various methods if their facilities are accessible and 101 locations were identified as offering accessible facilities. We will continue to work with all practices to provide adequate accessibility.

For behavioral health providers, 676 practice locations and facilities reported handicap accessibility.

2. Please indicate the practitioner to client ratios in each county of your region

Please reference "Region 4 Q3 2019 Provider Network" on Tabs "Client Ratio- PCP" and "Client-Ratio-BH" for the practitioner to client ratios in each county of the region. For both networks, it includes "other" to demonstrate the counties outside of the region where there is a residing member.

ACC Network Adequacy Report

Health Colorado meets the member to provider ratio standards for primary care network:

Ratio for Adult Practitioner is 1: 476

Ratio for Pediatric Practitioner is 1: 5254

Ratio for Mid-Level Adult Practitioner is 1:736

Beacon identified that the ratio for Pediatric Practitioners reported in the second quarter was a calculation error that indicated that the provider to member ratio was lower than actual. The calculation was corrected for this quarterly report.

Health Colorado meets the member to provider ratio standards for behavioral health network:

Ratio for Adult Mental Health Practitioner is 1:111

Ratio for Pediatric Mental Health Practitioner is 1:124

Ratio for Substance Use Disorder Practitioner is 1:758