

Health First Colorado – Health Colorado, Inc.

Network Adequacy Plan

July 1, 2019 – June 30, 2020

Prepared by: Provider Relations

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Executive Summary

Health Colorado delegates network management responsibilities to Beacon Health Options (Beacon). Beacon seeks to create, administer and maintain a network of PCPs and behavioral health providers to serve the needs of Medicaid members that are assigned to the region. In an effort to meet this function, Beacon has leveraged existing contracts and relationships with providers in the region. In addition, Beacon also strives to recruit new providers. This is done in attempt to assure that access standards are met and to maintain an adequate provider network to serve the primary care and behavioral health needs of Medicaid members, as well as their families who are under the regional organization.

This Network Adequacy Plan is updated annually and submitted to the Department by July 31st by the RAE’s Program Officer on behalf of the Director of Provider Relations or their designee. Our Director of Provider Relations also serves as the liaison between the Department and our stakeholders and network providers to ensure that all network management is coordinated, does not duplicate existing services, and keeps the Department informed of our network activities.

Network Development

Beacons goal is to ensure network adequacy for the regional organization. This is done by closely monitoring the development and access of the Health First Colorado provider network and to add providers based on overall network density and membership needs. This includes providers who have demonstrated experience providing care using a patient-centered model, clinical specialty, cultural background, or licensure level, and meet criteria for participation in the network.

The network of PCPs and behavioral health providers is monitored to meet or exceed the network time and distance standards. Given that our region contains significant rural and frontier membership, Beacon is implementing programs such as C-PAC and telehealth services to support the work of our networks. Beacon continuously expands the network considering member enrollment and changes within the network.

Accessibility for Primary Care and Behavioral Health Providers

Accessible Facilities (Section 9.8.1.2)

Primary Care Providers (PCPs) report through various methods if their facilities are accessible. At this time one-hundred and one (101) locations have identified as offering accessible

facilities. For behavioral health providers, six-hundred and seventy-six (676) practice locations and facilities reported handicap accessibility across the state-wide network. Members are able to identify providers with accessible facility or has been trained in cultural competency by calling the Member Services line at 1-888-502-4185.

Beacon continuously works with providers to ensure that their data is accurately maintained and reported including after-hours and weekend availability and cultural expertise. Beacon communicates to providers the requirement to report after-hours and weekend availability through the on-boarding training and provider alerts, and has included a tutorial on how to update the information on Beacon's ProviderConnect platform. Provider Relations conducted live webinars for providers to walk through updating their schedules and allow for questions and answer period.

Additionally, Provider Relations conducted on-site visits and or webinars (based on provider preference) with the Practice Managers of the contracted PCPs to offer the practice important RAE information. These meetings took place during the first six months of the contract start date. Provider Relations conducted periodic check-ins on the status of their demographic information and provided any assistance in completing it during these meetings. Provider Relations recognizes that individual communication with providers and their staff is the most valuable strategy that can be utilized in order to update provider information and increase after-hours and weekend availability.

The feedback received from the Office of Member and Family Affairs assists Provider Relations in identifying any gaps in availability of providers. The RAE participates in multiple regional committees and meetings such as the Program Improvement Advisory Committee (PIAC) and Member Engagement Advisory Committee (MEAC) where a broad range of local stakeholders and members offer guidance and make recommendations for improved network for member and provider satisfaction within the region. Additionally, HCI meets with key stakeholders such as Department of Health Services (DHS) to receive feedback on network needs for their service population. Member and Family Affairs and regional committees allows for education to members, including special populations and/or those with disabilities to connect practices with access to care, including physical access, reasonable accommodations and accessible equipment. Members are educated on how to contact Member and Family Affairs for assistance, and, when appropriate submit complaint.

During the first year of the RAE contract, the communication with primary care and behavioral health providers focused on educating them about the transition to the Accountable Care Collaborative 2.0 (ACC 2.0) requirements as a contracted provider. For behavioral health providers, there was a focus on education surrounding changes in processes and procedures, such as the authorization process. The focus for PCPs was driven largely by the practices requests to understand ACC 2.0 and its impact to their practice. As a result, there was limited progress in adding new accessible facilities. This has been identified as an opportunity for network improvement. For the second year of the contract, the regional organization and its providers are better positioned to engage in activities to improve access with practices that have the capability to make the improvements.

Beacon will leverage the outreach conducted to providers during the first year and create new strategies to increase accessibility and access to care for members. Strategies will include:

- Use a Provider Town Hall to educate and discuss with providers methods and resources to increase accessibility in their practices;
- Offer to practices without accessible facilities to conduct individual practice assessment using the Disability Competent Care Assessment (DCC) Tool; and
- Cross reference the provider data with other sources to validate accuracy of accessible facilities.

After-hours and Weekend Availability (Sections 9.5.1.7)

The breakdown below shows at the provider type, 288 or 30% of the network has reported as having after-hours and weekend availability, an increase from the plan in year one (figure 1). Data based on rendering practitioner per location and not unique rendering practitioner.

Figure 1

Provider Type	PCP Practitioners Number	PCP with After-Hours or Weekend Availability - Number	PCP with After-Hours or Weekend Availability - Percentage
Adult Primary Care	315	96	30%
Family Medicine	315	96	30%
Obstetrics/Gynecology	3	0	0%
Pediatric Primary Care	324	96	30%
Other	6	0	0%
Family Planning Providers	0	0	0%
Grand Total	963	288	30%

On the report above (figure 1), the data detail are based on data at the provider type and service location level or County level. This results in practitioners serving in more than one provider type, practice location and across multiple counties to be counted more than once.

As for behavioral health providers, there are 45 (17%) practitioners within the RAE region who have reported as having afterhours and/or weekend care. At the state-wide level, the afterhours and/or weekend availability is 402 providers (or 22%).

Here is the breakdown by provider type within the RAE region (figure 2):

Provider Type	Behavioral Health Practitioners Number	Behavioral Health with After-Hours or Weekend Availability - Number	Behavioral Health with After-Hours or Weekend Availability - Percentage
ADULT_MH_PROVIDER	132	22	17%

CHILD_PSYCHIATRIST	4	0	0%
PED_MH_PROVIDER	56	15	27%
PSYCHIATRIC_PRESCRIBER	18	0	0%
PSYCHIATRIST	11	0	0%
SUD_PROVIDER	41	8	20%
Grand Total	262	45	17%

On the reports above (figures 2), 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.

Cultural and Language Expertise (Section 9.8.1.6)

Beacon obtains information of providers with cultural expertise through provider self-reporting. This is determined through spoken language and specialty availability. For behavioral health providers, they report their competencies during their initial credentialing and then at re-credentialing. PCPs report it during contracting and through the Practice Assessment process. They are able to update the information through Beacon’s ProviderConnect system. The information is available to members through the Provider Directory. An additional way this is identified is through site visits. During routine site visits, ensuring the visibility of culturally aware information, and how this is built into workflows is a focus.

Beacon offers free language services to all providers and members. The provider and/or member can access these services by calling the toll-free number during or prior the appointment.

Seventy-three 73 (57%) primary care provider (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.

For behavioral health providers, there are 624 practitioners with language availability including 351 who have Spanish language speaking staff. This data is maintained quarter over quarter.

Beacon Health Options actively worked with Primary Care and Behavioral Health Providers during the first year of the contract to obtain complete and accurate information about the practice’s information including cultural expertise. For this plan year, Provider Relations will continue to conduct periodic live webinars and on-site visits for providers to maintain accurate demographic information.

Beacon offered cultural competency training on May 17, 2019 for all primary care and behavioral health providers. The participants were new staff from existing practices who have already completed culturally competent training. This resulted in no new additional practices reporting completion of the culturally competent training. The lesson learned was to conduct training sessions that target practices that are do not currently culturally competent. Trainings

will still be made available to existing culturally competent practices so they maintain competency.

Primary Care Provider (PCPs)

Beacon Health Options has processes in place to create and maintain a robust network of physical health providers in the region. Beacon contracts with any willing provider who is enrolled with the State as a Medicaid Primary Care Provider (PCP) in the region.

Recruitment Strategies

Provider Relations, in collaboration with the regional organization's leadership, outreaches to the identified providers to invite them to join the network. Targeted communication with the practices leadership within their service location is the most effective method of communication with providers throughout the region; especially rural and frontier counties. It assists in developing relationships and addresses their specific concerns related to the contract and its expectations. Provider Relations, in collaboration with HCI leadership and an interdisciplinary team, will continue to implement this strategy to recruit and maintain an adequate network.

To recruit these providers, our provider relations staff conducts onsite visits and conference calls with practice leadership to stress the positive aspects of participation in the regional organization, such as:

- Per member per month (PMPM) provider payment
- Alternative payment model that allows for incentives based on quality of care
- Additional volume to their practice
- The opportunity to provide for a needed community resource
- Benefits for the Medicaid Members served through the RAE program
- Resources and trainings available to support the practice
- Care coordination support to the practice to address members' needs.

Network Overview

Through these strategies, Beacon has created a network of practices that covers the regional organization. The network includes contracts with Essential Community Providers including Federally Qualified Health Centers (FQHCs) and Rural Health Centers, in addition to private and non-profit Medicaid enrolled PCPs in the region that serve both adult and children.

The majority 941 (98%) of the PCP providers in the region are currently accepting new members. (Sections 9.8.1.4). *The number of PCPs is based on the provider type and service location resulting in unique rendering providers counted more than once.*

Beacon monitors that members have access to at least two (2) providers within the maximum distance for their county classification (section 9.8.1.5). All adult members have a choice of providers within the required distance. Most pediatric members have a choice of two (2) providers within the required distance. Beacon will target this area to recruit PCPs that serve pediatric population to fill in this network gap.

Time and Distance Standard

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.

Urban Counties: Maximum travel of 30 minutes or 30 miles

HCI has one urban county, Pueblo, which 99.9% of the membership (adults and children) in this county has access to at least two (2) PCPs within 30 miles.

Rural Counties: Maximum travel of 45 minutes or 45 miles

About half of the region is considered rural with the following rural counties: Alamosa, Chaffee, Conejos, Crowley, Fremont, Lake, Otero, Prowers, Rio Grande. They have 100% coverage of at least two (2) PCPs within the required distance.

Frontier Counties: Maximum travel of 60 minutes or 60 miles

The following counties are designated as frontier: Baca, Bent, Costilla, Custer, Huerfano, Kiowa, Las Animas, Mineral, Saguache. The frontier area also has 100% coverage of at least two (2) PCPs within the required distance.

Member to Provider Ratio

Health Colorado, Inc. meets the member to provider ratio across the region for adult primary care, mid-level and pediatric providers.

- 1/1,800 adult members - Adult primary care providers
Ratio during reporting period is 1:237
- 1/1,200 adult members - Mid-level primary care providers
Ratio during reporting period is 1:558
- 1/1,800 pediatric members – Pediatric primary care providers
Ratio during reporting period is 1:133

Note that the client to PCP ratio excludes members residing outside the region.

Monitoring Strategies – Section 9.8.1.8

The network is continuously monitored to meet or exceed the network time and distance standards for PCPs by:

- Using current list of providers participating in Medicaid, utilization data and historical claims information to cross-reference against providers to identify key practices and providers who are currently providing services to Health First Colorado Medicaid Members;
- Incorporating GeoAccess mapping in order to ensure the PCP network meets member ratios and distance standards;
- Considering Member and local stakeholder (i.e. Department of Health Services) requests of providers they would like to see who are not currently in the network, and meet Medicaid criteria; and

- Assisting interested providers to enroll with the State as a Medicaid PCP.

Patient Load: 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 is developing a policy for PCP panel ratio to member attribution. This is done to standardize capacity and improve access to care to Medicaid Members; likely based on the number of rendering providers within the PCP location.

Behavioral Health Providers

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

Network Overview

The State-wide network of behavioral health providers of behavioral health practitioners which includes fully executed contracts with community mental health centers, Federally Qualified Health Centers (FQHCs) and Rural Health Centers, psychiatric hospitals, substance use disorder providers, as well as, public and private independent practitioners. 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.

Health Colorado, Inc. meets the member to provider ratio standards for the regional behavioral health network. Members in these counties travel to other counties within the maximum distance for their county clarification.

- Ratio for Adult Mental Health Practitioner is 1:579
- Ratio for Pediatric Mental Health Practitioner is 1:767
- Ratio for Substance Use Disorder Practitioner is 1:2913

Note that the member to provider ratio excludes members residing outside the region and providers located outside the region.

The overall member to provider ratio for mental health providers in the region exceeds the standard for adult and pediatric population. The member to provider ratio for substance use disorder providers does not meet the standard outlined above; however, the SUD ratio at the State-wide level meets the standards at 1:521. When considering all standards, HCI members have meet the accessibility standards as set forth by the contract with the Department.

All (262 or 100%) of the behavioral health providers within the RAE Region in all provider types are currently accepting new members (Section 9.8.1.4).

Time and Distance Standard

HCI members have access to at least two (2) behavioral health providers (not including SUD providers) within the maximum distance for their county classification. The majority of HCI members (99%) have a choice of at least two (2) providers within the RAE region at the maximum distance for their county classification.

Urban Counties (Pueblo): Maximum travel of 30 minutes or 30 miles

Almost all of the members have access to two (2) providers within the required distance, including 99.9% of adults and 99.6% of children. The children have access to child behavioral health providers within the RAE region at the required distance.

Rural Counties (Alamosa, Chaffee, Conejos, Crowley, Fremont, Lake, Otero, Prowers, Rio Grande): Maximum travel of 60 minutes or 60 miles

All adults have 100% coverage of at least two (2) providers within the RAE region at the required distance. For children, there is 78.4% coverage of at least two (2) providers within the RAE region at the required distance.

Frontier Counties (Baca, Bent, Costilla, Custer, Huerfano, Kiowa, Las Animas, Mineral, Saguache): Maximum travel of 90 minutes or 90 miles.

All adults in frontier counties have 100% coverage of at least two (2) providers within the RAE region at the required distance. For children, there is 86.4% coverage of at least two (2) providers within the RAE region at the required distance. The most impacted counties are Otero and Prowers.

Beacon has contracts with Substance Use Disorder (SUD) providers throughout the state that meet the provider to member ratio. All members (100%) have access to at least two (2) SUD providers within the RAE region at the required distance.

Figure 3 shows the breakdown of behavioral health provider types within RAE Region as follows (Sections 9.8.1.3.4 to 9.8.1.3.9):

Provider Type	Behavioral Health Practitioner Number	Behavioral Health Practitioner Percentage
ADULT_MH_PROVIDER	132	50.38%
CHILD_PSYCHIATRIST	4	1.53%
PED_MH_PROVIDER	56	21.37%
PSYCHIATRIC_PRESCRIBER	18	6.87%
PSYCHIATRIST	11	4.20%
SUD_PROVIDER	41	15.65%
Grand Total	262	100.00%

Figure 4 show the breakdown of behavioral health provider types by County within the RAE region as follows (Section 9.8.1.5):

Provider Type	Behavioral Health Practitioner Number	Behavioral Health Practitioner Percentage
Alamosa	13	4.96%
ADULT_MH_PROVIDER	6	2.29%
PED_MH_PROVIDER	4	1.53%
PSYCHIATRIC_PRESCRIBER	1	0.38%
SUD_PROVIDER	2	0.76%
Baca	3	1.15%
ADULT_MH_PROVIDER	2	0.76%
SUD_PROVIDER	1	0.38%
Bent	5	1.91%
ADULT_MH_PROVIDER	3	1.15%
SUD_PROVIDER	2	0.76%
Chaffee	24	9.16%
ADULT_MH_PROVIDER	12	4.58%
PED_MH_PROVIDER	7	2.67%
PSYCHIATRIC_PRESCRIBER	1	0.38%
SUD_PROVIDER	4	1.53%
Conejos	3	1.15%
ADULT_MH_PROVIDER	2	0.76%
PED_MH_PROVIDER	1	0.38%
Costilla	1	0.38%
ADULT_MH_PROVIDER	1	0.38%
Crowley	3	1.15%
ADULT_MH_PROVIDER	2	0.76%
SUD_PROVIDER	1	0.38%
Custer	3	1.15%
ADULT_MH_PROVIDER	2	0.76%
SUD_PROVIDER	1	0.38%
Fremont	27	10.31%
ADULT_MH_PROVIDER	14	5.34%
PED_MH_PROVIDER	6	2.29%
SUD_PROVIDER	7	2.67%
Huerfano	5	1.91%
ADULT_MH_PROVIDER	3	1.15%
PED_MH_PROVIDER	1	0.38%
SUD_PROVIDER	1	0.38%
Kiowa	2	0.76%
ADULT_MH_PROVIDER	1	0.38%

SUD_PROVIDER	1	0.38%
Lake	4	1.53%
ADULT_MH_PROVIDER	2	0.76%
SUD_PROVIDER	2	0.76%
Las Animas	7	2.67%
ADULT_MH_PROVIDER	4	1.53%
PED_MH_PROVIDER	2	0.76%
SUD_PROVIDER	1	0.38%
Mineral	0	0%
Otero	9	3.44%
ADULT_MH_PROVIDER	5	1.91%
PSYCHIATRIC_PRESCRIBER	1	0.38%
PSYCHIATRIST	1	0.38%
SUD_PROVIDER	2	0.76%
Prowers	6	2.29%
ADULT_MH_PROVIDER	4	1.53%
SUD_PROVIDER	2	0.76%
Pueblo	141	53.82%
ADULT_MH_PROVIDER	65	24.81%
CHILD_PSYCHIATRIST	4	1.53%
PED_MH_PROVIDER	34	12.98%
PSYCHIATRIC_PRESCRIBER	15	5.73%
PSYCHIATRIST	10	3.82%
SUD_PROVIDER	13	4.96%
Rio Grande	5	1.91%
ADULT_MH_PROVIDER	3	1.15%
PED_MH_PROVIDER	1	0.38%
SUD_PROVIDER	1	0.38%
Saguache	1	0.38%
ADULT_MH_PROVIDER	1	0.38%
Grand Total	262	100.00%

On the reports above (figures 3 and 4), 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.

Telehealth Services

Beacon Health Options has 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, prescribing Registered Nurses (RNs), and Nurse Practitioners (NPs). Beacon is expanding 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. Telehealth will be presented as option to all members in the region as a choice of providers in the referral process.

A partner Community Mental Health Center, Health Solutions, implemented the use of tele-psychiatry to expand their access in the Pueblo, Las Animas and Huerfano counties. It is a creative method to bridge the need in a challenging area to recruit providers to travel to these counties.

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:

- Southeast Behavioral Health – Within the region
- North Range Behavioral Health
- Mental Health Partners
- The Center for Mental Health
- Mind Springs Health
- AspenPointe Health Services

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 the Clinical Department to identify additional facilities that accept mental health certifications. For those facilities that do not, we are identifying their concerns and will present the findings to HCPF for potential collaboration in addressing these challenges.

Monitoring Strategies (Section 9.8.1.8 to 9.8.1.11)

Beacon has 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. On a quarterly basis, Beacon monitors overall provider network patient load on our network using a comprehensive system for monitoring patient load and overall network capacity. Beacon conducts a geographic access mapping (Geoaccess) and member to provider ratio analysis to check the availability of providers in the region by type.

When reviewing the network adequacy for the region, there is consideration of all standards to determine need including member to client ratio, as well as, the time and distance standards within a County and throughout the region. Any identified areas with gaps in services or weaknesses are targeted for recruitment.

Beacon reviews network adequacy on a quarterly basis regarding the availability of providers that accept mental health certifications and are able to meet the overall behavioral and physical health needs in the region. Additionally, review is conducted on the availability of providers who meet or exceed the cultural needs of Medicaid members by:

- Using of an updated and accurate list, in assessing the number of providers with expertise in key culturally based populations;
- Determining number of members, by county, through the enrollment file, within the key population groups;
- Determining any existing gap by a comparison of availability of providers as well as reviewing findings in Member and Family Affairs surveys or through contacts/surveys with advocacy organization of key populations (for examples children in foster care); and
- Increasing capacity of providers who meet or exceed cultural needs of Medicaid members through specialized provider training on Cultural Competency.

This list of provider network monitoring methods is not meant to cover all network development activities, as some activities are initiated as needed in response to community developments.

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 the following edition of the Provider Directory will reflect the changes.

Recruitment Strategies

Beacon regularly reviews current provider fee schedules to align with the RAE market and any future recruitment strategies.

Beacon Health Options works to engage specialty provider groups and facilities as needed by the membership, such as providers who have:

- A unique specialty or clinical expertise;
- License to prescribe in all areas: APRN/APN, NP, PA, MD/DO (Board Certified Child and Adult Psychiatrists);
- Capability to treat in a foreign language, ASL, and/or, have specific cultural experience;
- Capability of billing both Medicare and Medicaid;
- Practice located in regional organization's service areas considered rural or frontier where there are fewer providers;
- Telemedicine, especially for prescriber services;
- Alignment with primary care and are co-located in an integrated model;
- Capability to serve unique populations and disorders; or
- Specialties such as Intellectual Disabilities, Autism, Members with Traumatic Brain Injuries or other groups that provide behavioral health services in addition to their non-covered specialty. Also, providers with experience in specialty care, long-term services and supports (LTSS) providers, managed service organizations and their networks of substance use disorder providers, dental and other ancillary providers;

- Behavioral health providers that span inpatient, outpatient, and all other covered mental health and substance use disorder services.

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 monitors utilization 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.

Beacon continuously identifies and recruits existing SUD and Mental Health providers statewide to enhance the network. These strategies 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 (providers contracted with DHS to provide specialty services to children in the welfare system) 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.**

Provider Relations works 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 through enhanced rates. As a result, providers offering higher levels of care remained in the network such as Parkview Medical Center.

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

Beacon monitors requests for services through authorizations and claims data, as well as, request for Single Case Agreements (SCAs) for out of network providers. Based on this data, Beacon assesses the supply of network providers on a reoccurring basis and shift provider recruitment or credentialing processes accordingly. Quarter over quarter,

there has been a significant reduction in providers requesting SCAs indicating that the current network meets the demand for services in the region.

- **Collaborate with Health Colorado stakeholders to expand services in areas of need through 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 HCI stakeholders in these areas of need to improve access to behavioral health services. Here are some examples of that work:

San Luis Valley Behavioral Health Group

San Luis Valley Behavioral Health Group (SLVBHG) 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 expanded services through Jail Based Behavioral Health Services (JBBS) and addition of a Mobile MAT unit. SLVBHG currently has office locations with outpatient therapy services or existing partnerships in the proposed communities where the mobile MAT unit will operate. SLVBHG satellite offices are located in Center, Del Norte, Antonito, La Jara, San Luis, and Monte Vista. The addition of the Mobile MAT unit will be bring staff and services to some on the more remote locations in the San Luis Valley where currently there are no physical offices.

The Mobile MAT Unit will visit several communities every week. With a telehealth prescriber, a clinician, a nurse and a peer specialist on board. The Mobile MAT unit will provide some services on board and connect individuals to additional services and resources located in SLVBHG brick and mortar location or to other community partners. In addition to the Mobile MAT unit, the MAT program housed out of the Alamosa and Monte Vista locations is set for expansion in order to meet demand for services. Within the past year, SLVBHG expanded the team to add two (2) peer specialists to work with MAT clients. SLVBHG is looking to add one more prescriber to the practice.

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, which opened in the Spring of 2019. Initially, this clinic would be operational for three (3) days a week; however, due to demand for services, SLVBHG has increased hours of operation to five (5) days a week. This increase occurred within the first three (3) months of operations. High utilization of the Del Norte clinic indicate to SLVBHG potential expansion to other areas in the future.

Southeast Health Group (SEHG)

Southeast Health Group 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.

In an effort to recruit behavioral health practitioners to these rural and frontier areas, SEHG uses innovative approaches beyond traditional strategies. They implemented free housing for practitioners to use during their tenure. This has improved their recruitment of much-needed providers.

- 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.
- 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.
- Update and maintain data systems to more accurately identify providers with their service population and those who have availability of after-hours and weekend appointments, disability accessible facilities, and have cultural expertise.

Working closely with PCPs and behavioral health providers to update and maintain their information on the system accurately has been beneficial to have a complete picture of the network and target recruitment efforts accordingly.

- Offer training and assessment services to providers to increase availability of after-hours and weekend appointments, culturally competent providers, and disability accessible facilities.

Beacons Credentialing Department maintains National Committee for Quality Assurance (NCQA) compliant policies to conduct credentialing and re-credentialing functions as required by RAE 4 contract. Beacon's Credentialing Department conducts a thorough NCQA compliant primary source verification process to prescreen providers and facilities prior to their inclusion in the behavioral health network and on a routine basis once contracted.

Provider Network Sub-Committee

Health Colorado's Provider Network Sub-Committee, which reports to the Quality Committee, was designed and implemented to oversee network development functions and network management activities to ensure that providers receive appropriate technical support and training, as well as, support for practice transformation. The committee meets periodically and uses available data and reports to ensure the RAE meets or exceeds contract requirements on:

- Network Adequacy;
- Provider support and training; and
- Practice Transformation.

Health Colorado, through Beacon, has an adequate network of PCPs and behavioral health providers. Through the strategies outlined in the above plan, Beacon continues to administer and maintain the network to serve the needs of Medicaid members attributed to the region.