RAE Name: Health Colorado, Inc.   **Region: 4**   **Period Covered: Q1 FY2020**

Submitted: October 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 assigned to the region. Beacon works in close collaboration with HCI Board of Directors and Chief 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 covers 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. ***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 has 100% coverage of at least two (2) PCPs within the required distance.

The majority (496 or 98%) of the PCP rendering providers in the region are currently accepting new members. The number of PCPs is based on the provider type and service location resulting in unique rendering providers counted more than once.

Member to Provider Ratio

Health Colorado, Inc. meets the member to provider ratio across the region. Please reference "R4_NetworkRpt_Q1_FY19-20" on Tabs "Client Ratio- PCP".

- 1/1,800 adult members - Adult primary care providers
  Ratio during reporting period is 1/177
- 1/1,200 adult members - Mid-level primary care providers
  Ratio during reporting period is 1/103
- 1/1,800 pediatric members – Pediatric primary care providers
  Ratio during reporting period is 1/399

The provider types were updated to meet reporting requirements as noted in the RAE contract starting fourth quarter of 2019. The update resulted in changes in the number of providers thus affecting the calculation of the ratios.

ACTIONS TAKEN TO IMPROVE THE NETWORK

Data Management

Beacon maintains the network data for the behavioral health providers and PCP practices to ensure the number of practitioners in each practice site. This process was initiated in the Fall 2018. Specifically, Provider Relations conducts a review of rendering providers within PCP locations to capture new staff, terminations or licensure changes within a practice. The review process is as follows: Provider Relations contacts the PCP practice manager via email with the information we collected from them on the previous validation and request their review. The PCP practice manager either confirms that there were no changes or notate any additions, terminations or changes within the practice. Provider Relations keys in the reported additions, changes or terminations within the network data.

Patient Load

In the Spring of 2019, Beacon, through the Provider Network Subcommittee, initiated an internal workgroup to develop a policy regarding PCP panels to standardize capacity and improve access to care. The workgroup has completed its research, which included: (1) reviewed journals on best practices for PCP to panel ratios, (2) received input from the Provider Network Subcommittee on how clinics monitor their patient load, and (3) conducted panel

analysis to model various PCP to member ratios to assess the best approach for HCI. Based on this information, the internal workgroup developed an algorithm to calculate a provider panel ratio that considers the number of rendering providers within each practice and the Medicaid mix expected based on the Medicaid mix at the county level. Additionally, the workgroup identified steps to assist practices that exceed the ratios to collaborate in either expanding services or engaging the Department to right-size their attribution. Finally, there was consideration for FQHCs, RHCs and other critical access providers to ensure there is no impact to overall member access to care. Provider Network Subcommittee approved the policy during the reporting period. The committee will provide feedback on the roll-out of the policy to ensure that PCPs receive proper education on how the policy impacts their practices.

FUTURE ACTIONS:

Beacon Health Options will continue to work with PCPs to verify their rendering provider information to accurately describe the network in provider directory and meet reporting requirements.

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. Provider Relations will continue to source other data to identify potential PCPs including reviewing utilization data, historical claims information and 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 continues to enhance its established regional and 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 a number of private/non-profit providers and substance use disorder providers in the region.

Starting in first quarter of fiscal year 2020, Beacon started to include in the number of behavioral health practitioners the staff providers within the Community Mental Health Centers (CMHC). Network Adequacy Reports during the first year described the CMHCs at the facility service location level only which meant that a CMHC location showed as one (1) practitioner. CMHCs reported to the HCI Board and Provider Network Subcommittee that each of their service locations has multiple staff providers with an array of specialties and capacity for services. Additionally, CMHCs are the primary or sole source of mental health and SUD services in rural and frontier counties. This resulted in decision to make these updates to better assess access across the region and continue to implement strategies to recruit available providers and provide members with choice. As a result of integrating CMHC staff providers to the reporting data, the reports for the region significantly changed from previous quarters. Based on the

Behavioral Health tab of the R4_NetworkRpt_Q1_FY19-20, there was an addition of 606 new providers in the reporting period. When remove duplicates due to working in multiple counties or having multiple specialties, there were 227 new unduplicated providers.

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) provider within the RAE region at the required distance, including 99.9% of adults and 99.9% 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 89% coverage if it is not of at least two (2) providers within the RAE region at required distance. As referenced in the previous section, this has changed the access to care throughout the region from last reporting.

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 95% coverage of at least two (2) providers within the RAE region at the required distance. As referenced in the previous section, this has changed the access to care throughout the region from last reporting.

Beacon has contracts with Substance Use Disorder (SUD) providers 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.

Member to Provider Ratio

- 1/1,800 adult members - Adult mental health providers
- 1/1,800 pediatric members – Pediatric mental health providers
- 1/1,800 all members – Substance use disorder providers

Health Colorado, Inc. meets the member to provider ratio standards for the regional behavioral health network.

- Ratio for Adult Mental Health Practitioner is 1/170

- Ratio for Pediatric Mental Health Practitioner is 1/197
- Ratio for Substance Use Disorder Practitioner is 1/942

Note that the member to provider ratio excludes members residing outside the region and providers located outside the region, as requested by the Department.

When reviewing the ratios at the county level available in the "Client Ratio – BH", it shows that there is limited or no pediatric in two frontier counties: Mineral, and Saguache. Similarly, there is limited or no SUD providers in Conejos, Costilla, Las Animas, Mineral, and Saguache. When considering the time and distance standards, members residing in these counties can travel to other counties within the maximum distance for their county clarification. When considering all standards, HCI members meet the accessibility standards as set forth by the contract with the Department. Even though the time and distance standard was met for SUD providers, and most of the pediatric members (93%) have access within required distance, the listed counties do not have sufficient providers within the county for member choice. Recruitment efforts will be focused for available qualified providers in the area as outlined in the section below.

All the behavioral health providers in the region (862 or 100%) are currently accepting new members.

ACTIONS TAKEN TO IMPROVE THE NETWORK

Data Maintenance

During the reporting period, the CMHCs reported having pediatric and SUD providers within their service locations in the identified counties, which identified the data gaps for the existing network. Furthermore, the Department offered feedback in the previous report to review if there were any additional providers not captured in the report. This resulted in a decision to focus on data management to have accurate picture of access to care and assess gaps in care of integrating CMHC staff providers to the reporting data in this reporting period, the Provider to Member Ratios improved for pediatric and SUD services across all counties. In order to maintain the CMHC data, Provider Relations will be submitting to the CMHCs a quarterly staff roster to validate their staff providers in the system for future reports. The CMHCs will have an opportunity to submit changes (new, changes or terminations) of their staff providers to Provide Relations on an on-going basis to maintain their data accurately.

Furthermore, San Luis Valley Behavioral Health Group (SLVBHG) staff members that utilize office space in Mineral County was added to the report to reflect the access in this region.

Recruitment Efforts

Here are the strategies used to recruit behavioral health providers:

1. Collaborated 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 stakeholder Community Mental Health Center 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 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 telemedicine prescribers, clinician, nurse and 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 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 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. The SLVBHG staff working in this office space was included on the network report to show network access for the county. Due to demand for services, SLVBHG expanded 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
Southeast Health Group (SEHG) 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.

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

Beacon Health Options continues to expanded access to these services in the rural and frontier counties as an option when members identify transportation issues or the next appointment with a local provider is outside the access to care standards. Beacon is contracted with Heart Centered Counseling to provide telemedicine services. ReNew Behavioral Health is no longer providing services in Colorado. Heart Centered Counseling offers 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). They continue to credential providers Telemedicine services are available to all members assigned to NHP. 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.

Health Colorado has initiated engaging with primary care and medical specialists to identify telemedicine utilization and resources to address access to care for members in rural and frontier areas. Nine (9) PCPs reported offering some form of telehealth services in their clinic from behavioral health, psychiatry and medical specialty such as infectious disease, family planning. 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 CPAC to expand their capabilities to serve their members in need of 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 enable PCMPs to address psychiatric medication needs for their patients. Using this model reduces demand for limited 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 the previous reports, 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.

Of the practices who are enrolled with the CPAC program below are the utilization numbers for the psychiatric consultation and referral services offered:

- July 1st, 2018 to June 30th, 2019:
  - Consults: 61
  - Referrals: 34
    - Total of 95 cases
- July 1st, 2019 to September 30th, 2019
  - Consults: 39
  - ███████████
    - Total of 58 cases in just Q1 alone

The services provided through CPAC are delivered payer agnostic because CPAC believes the services increase the knowledge and skill of the prescriber which benefits all of the patients in the clinic. Providers are also more likely to utilize the services if they do not have to stop and consider insurance carrier. The prior fiscal year we provided a total 95 services, which is an average of eight (8) per month. For the first quarter of the current fiscal year, CPAC has already provided 58 services total for an average of 19 per month.

In addition to the consultation and referral services, CPAC also provides practice trainings which are delivered based upon the practices identified needs. Practice trainings can be focused on psychopharmacology, behavioral health assessment and diagnosis as well as suicide prevention topics. The CPAC program encourages the practices to request specific training topics based upon the patients they are serving and areas of identified need. To date over a 140 providers and their staff have received behavioral health training from the CPAC program. Some of the recent psychiatrist led trainings include:

- *Treating Depression/Anxiety in Primary Care.* Spanish Peaks Family Clinics. With Dr. Fred Michel.
- *Treating Bipolar disorder in Primary Care.* Eads Medical Clinic. With Dr. Cristi Bundukamara.
- *Psychopharmacology*, Southeast CO Medical Clinic. With Dr. Cristi Bundukamara.

Examples of additional CPAC Trainings provided include:

- ***PTSD & Suicide Prevention:***
  - Care for the Family (Pueblo)
  - Button Family Practice (Canon City)
- ***Behavioral Health Screening Tools & Suicide Prevention:***
  - Small World Pediatrics (Pueblo West)
  - Rocky Mountain Family Practice & St. Vincent Medical Clinic (Leadville)
  - Valley-Wide (Canon City)
- ***Suicide Prevention:***
  - Salud Family Health Center (Trinidad)

- ***Psychopharmacology & Suicide Prevention***
    - Eads Medical Clinic (Eads)
- ***Treating ADHD in Primary Care***
    - Eads Medical Clinic (Eads)
- ***Treating Depression and Anxiety in Primary Care & Suicide Prevention***
    - Spanish Peaks Family Clinic (Walsenburg)
    - La Veta Family Clinic (La Veta)

Not all practices who have been contacted have enrolled in the CPAC program, currently there are 20 practices who have been contacted but not yet enrolled. Of those 20 practices 14 of them are located in Pueblo/Pueblo West area, the remaining six (6) are in Lamar, Salida, Florence, and Canon City. The CPAC program staff will continue to outreach these practices, conduct on-site check-ins with the prescribers, specifically focusing on the practices in the Pueblo and Salida area. The program also tracks the practices who are enrolled but have not engaged in at least one of the services in some time and conducts "reminder" visits to the practices to educate about the CPAC program.

Successes:

- ██
  ██
  ██
  ██
  ██
  ██
  ████████████████
- Feedback from a Prescriber: *"Great info! You guys are so helpful. Seriously. This should be a care model for all specialties. If you ever need a spokesperson, I'm your man." --Dr. Donald Dutton with Spanish Peaks Family Clinic (9/12/19)*

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. During the reporting period, there were 46 Single Case Agreements processed in the system.   Based on this data, Provider Relations identified three (3) providers that are within the region for recruitment. Additionally, HCA Healthone is a non-contracted hospital that continue to request Single Case Agreements that Provider Relations has outreached for contracting.

5. Providing enhanced 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. Based on the information collected, primary care providers in rural and frontier counties reported higher needs of services for medical specialty clinics in the area as they refer members to Pueblo, Colorado Springs and Denver. There was a provider in Fremont County that reported a need for psychiatrists that accept Medicaid members within the County as they were referring to provider in Pueblo. The provider was connected with Solvista Health, the local Community Mental Health Center for services. Additionally, Provider Relations found no psychiatrists in the Fremont County through a search on DORA (Department of Regulatory Agencies).

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:

- o Use current list of providers participating in Health First Colorado to identify providers within the region for recruitment, such as pediatric in providers in Mineral, and Saguache counties and SUD providers in Conejos, Costilla, Las Animas, Mineral, and Saguache counties.
- o Work with County DHS Departments to identify CORE providers and work with these providers in becoming credentialed within the system
- o Work with providers, who may be outside the region and willing to provide services within the region on a contract basis.
- o Provide enhanced rates to providers who are willing to extend beyond their current radius of service provision
- o Collaborate with HCI stakeholders to expand services in areas of need through school-based services and co-location at PCP offices
- o Update and maintain data systems to more accurately identify providers who have availability of after-hours and weekend appointments, disability accessible facilities, and cultural expertise.
- o 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 the 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.

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

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 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 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 are based on the provider demographic data on the Beacon system. As noted in previous quarterly report, one of the challenges faced 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 systemic reason for the complaint.

Provider Relations and the Quality Department implemented a method to audit periodically PCP 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. Providers that do not meet the standards are receiving education on the access to care standards and will be monitored and coached to achieve the standard.

Future Actions

Provider Relations continues provider outreach strategies 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 education on 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 includes information delivered 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, Provider Relations assists providers to update the data in the Beacon system to accurately track the 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.

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

PHYSICAL HEALTH PROVIDERS

Starting in first quarter of fiscal year 2020, Health Colorado revised the logic to calculate the Provider Type for PCPs to reduce duplication of rendering providers by Provider Type at the county level. On the "Physical Health" tab in the "R4_NetworkRpt_Q1_FY19-20" Practitioners with Provider Type *Family Medicine* were removed from the *Adult Primary Care* and *Pediatric Primary Care*. Practitioners providing services in more than one services location or county are reported as a practitioner more than once. As a result of removing these duplicates, the number of practitioners for the region changed from the previous quarterly report under this tab; it changed from 963 practitioners to 508 in this reporting period (Figure 1). The number of unduplicated PCP rendering providers is 336 as noted in Figure 2.

Please reference "R4_NetworkRpt_Q1_FY19-20" on Tab "Physical Health". Here is the breakdown of PCPs rendering providers by Provider Type (Figure 1):

Provider Type	Rendering Providers
Adult Primary Care	9
Family Medicine	473
Obstetrics/Gynecology	4
Pediatric Primary Care	12
Other	10
Grand Total	508

Within the PCP practice locations there are 336 unique rendering providers. Here is the breakdown by unduplicated Provider Type (Figure 2):

Provider Type	Rendering Providers
Pediatrics	14
Midwife	5
Physician Assistants/Nurse Practitioners	128
Physicians-Obstetrics/Gynecology	17
Primary Care	168
Specialty Physicians	1
Grand Total	336

Note: The "Client Ratio - PCP" shows a total of 462 rendering providers. The Provider Types were re-categorized in the previous report to meet the requirements of the Network Report

template. The report found in the data detail are based on data at the provider type and service location level or County level, respectively. This results in rendering providers serving in more than one specialty, practice location and across multiple counties to be counted more than once as part of the ratios.

BEHAVIORAL HEALTH PROVIDERS

Health Colorado has 1,104 unique behavioral health providers including 164 facilities in the state-wide network of which 329 have a practice location within the region. Here is the breakdown by licensure (Figure 3):

Behavioral Health Licensure	Unique Rendering Providers Statewide	Unique Rendering Providers within Region 4
APRN	41	17
APN	1	1
CACI	16	11
DO	1	1
EDD	3	0
LAC	2	1
LADC	4	2
LCSW	191	50
LICS	1	1
LMFT	55	11
LMHC	12	1
LPC	393	104
LPCC	6	3
MA	7	0
MD	37	15
MHW	3	3
MS	3	1
NP	10	7
ORGANIZATIONS	164	52
PA	3	0
PHD	51	5
PSYD	47	12
RN	53	31
Grand Total	**1104**	**392**

Please reference "R4_NetworkRpt_Q1_FY19-20" on Tab "Behavioral Health" for listing of behavioral health provider types by county. The report separates network providers within the RAE region from providers outside the RAE Region. Please reference Tab "BH-Other Detail" for county level information of providers outside the region boundaries.

The breakdown of behavioral health provider types within the RAE region is as follows (Figure 4):

Provider Type	Behavioral Health Practitioner Number	Behavioral Health Practitioner Percentage
ADULT_MH_PROVIDER	445	52%
CHILD_PSYCHIATRIST	9	1%
PED_MH_PROVIDER	215	25%
PSYCHIATRIC_PRESCRIBER	49	6%
PSYCHIATRIST	19	2%
SUD_PROVIDER	125	15%
Grand Total	**862**	**100%**

The data presented above is based on provider specialties. If a practitioner offers more than one specialty, then they are counted more than once. The breakdown of behavioral health provider types by county is presented below. This data is based on provider specialties as well, thus the data does not present a unique count of providers within the region. Starting in first quarter of fiscal year 2020, the report includes staff providers within the Community Mental Health Centers (CMHC). As a result, the reports for the region significantly changed from previous quarters.

The breakdown of behavioral health provider types by County within the RAE region is as follows (Figure 5):

Provider Type	Behavioral Health Practitioner Number	Behavioral Health Practitioner Percentage
Alamosa	**87**	**10%**
ADULT_MH_PROVIDER	40	5%
PED_MH_PROVIDER	28	3%
PSYCHIATRIC_PRESCRIBER	3	0%
SUD_PROVIDER	16	2%
Baca	**27**	**3%**
ADULT_MH_PROVIDER	14	2%
PED_MH_PROVIDER	7	1%
PSYCHIATRIC_PRESCRIBER	1	0%
SUD_PROVIDER	5	1%
Bent	**33**	**4%**
ADULT_MH_PROVIDER	17	2%
PED_MH_PROVIDER	9	1%
SUD_PROVIDER	7	1%
Chaffee	**41**	**5%**
ADULT_MH_PROVIDER	20	2%

PED_MH_PROVIDER	14	2%
PSYCHIATRIC_PRESCRIBER	1	0%
SUD_PROVIDER	6	1%
Conejos	**5**	**1%**
ADULT_MH_PROVIDER	4	0%
PED_MH_PROVIDER	1	0%
Costilla	**4**	**0%**
ADULT_MH_PROVIDER	3	0%
PED_MH_PROVIDER	1	0%
Crowley	**17**	**2%**
ADULT_MH_PROVIDER	9	1%
PED_MH_PROVIDER	4	0%
SUD_PROVIDER	4	0%
Custer	**6**	**1%**
ADULT_MH_PROVIDER	4	0%
PED_MH_PROVIDER	1	0%
SUD_PROVIDER	1	0%
Fremont	**77**	**9%**
ADULT_MH_PROVIDER	43	5%
CHILD_PSYCHIATRIST	1	0%
PED_MH_PROVIDER	20	2%
PSYCHIATRIC_PRESCRIBER	2	0%
PSYCHIATRIST	1	0%
SUD_PROVIDER	10	1%
Huerfano	**31**	**4%**
ADULT_MH_PROVIDER	17	2%
CHILD_PSYCHIATRIST	1	0%
PED_MH_PROVIDER	9	1%
PSYCHIATRIC_PRESCRIBER	1	0%
PSYCHIATRIST	1	0%
SUD_PROVIDER	2	0%
Kiowa	**22**	**3%**
ADULT_MH_PROVIDER	11	1%
PED_MH_PROVIDER	6	1%
PSYCHIATRIC_PRESCRIBER	1	0%
SUD_PROVIDER	4	0%
Lake	**19**	**2%**
ADULT_MH_PROVIDER	9	1%
PED_MH_PROVIDER	6	1%
PSYCHIATRIC_PRESCRIBER	1	0%
SUD_PROVIDER	3	0%
Las Animas	**28**	**3%**

ADULT_MH_PROVIDER	16	2%
CHILD_PSYCHIATRIST	1	0%
PED_MH_PROVIDER	8	1%
PSYCHIATRIC_PRESCRIBER	1	0%
PSYCHIATRIST	1	0%
SUD_PROVIDER	1	0%
Mineral	**1**	**0%**
ADULT_MH_PROVIDER	1	0%
Otero	**60**	**7%**
ADULT_MH_PROVIDER	28	3%
PED_MH_PROVIDER	17	2%
PSYCHIATRIC_PRESCRIBER	3	0%
PSYCHIATRIST	1	0%
SUD_PROVIDER	11	1%
Prowers	**46**	**5%**
ADULT_MH_PROVIDER	21	2%
PED_MH_PROVIDER	12	1%
PSYCHIATRIC_PRESCRIBER	3	0%
SUD_PROVIDER	10	1%
Pueblo	**342**	**40%**
ADULT_MH_PROVIDER	178	21%
CHILD_PSYCHIATRIST	6	1%
PED_MH_PROVIDER	69	8%
PSYCHIATRIC_PRESCRIBER	31	4%
PSYCHIATRIST	15	2%
SUD_PROVIDER	43	5%
Rio Grande	**14**	**2%**
ADULT_MH_PROVIDER	8	1%
PED_MH_PROVIDER	3	0%
PSYCHIATRIC_PRESCRIBER	1	0%
SUD_PROVIDER	2	0%
Saguache	**2**	**0%**
ADULT_MH_PROVIDER	2	0%
Grand Total	**862**	**100%**

On the reports above (figures 4 and 5), 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. Therefore, the number of practitioners in figures 4 and 5 are higher than on the total unique providers in figure 3.

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
- Southeast Wellness Works
- High Plains Community Health
- Parkview Ancillary

ACCEPTING NEW MEMBERS

The breakdown below shows at the provider type, 98% of the network (496) has reported as accepting new members (Figure 6). Please reference "R4_NetworkRpt_Q1_FY19-20" Tab "Physical Health" for detailed data.

Figure 6

Provider Type	PCP Practitioners Number	PCP Accepting New Clients Number	PCP Accepting New Clients Percentage
Adult Primary Care	9	9	100%
Family Medicine	473	465	98%
Obstetrics/Gynecology	4	4	100%
Pediatric Primary Care	12	8	67%
Other	10	10	100%
Grand Total	508	496	98%

On the report above (Figure 6), the total number of practitioners is based on specialties reported at the location level. If a practice location has practitioners who offer a specialty, then the practice is counted more than once. For details, please reference "R4_NetworkRpt_Q1_FY19-20" on Tab "Physical Health Network".

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

Providers can 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, 149 or 29% of the network has reported as having after-hours or weekend availability (figure 7). Data is based on rendering practitioner per location and not unique rendering practitioner. Please reference "R4_NetworkRpt_Q1_FY19-20" Tab "Physical Health" for detailed data.

Figure 7

Provider Type	PCP Practitioners Number	PCP with After-Hours or Weekend Availability - Number	PCP with After-Hours or Weekend Availability - Percentage
Adult Primary Care	9	2	22%
Family Medicine	473	147	31%
Obstetrics/Gynecology	4	0	0%
Pediatric Primary Care	12	0	0%
Other	10	0	0%
Grand Total	508	149	29%

There are 55 (or 6%) behavioral health practitioners within the RAE region who reported offering after hours and/or weekend care. This information is also presented on the "Behavioral Health" tab of the attached Excel document. The data is based on provider specialties as well, thus the data does not present a unique count of providers within the region. The percentage has decreased due to the addition of CMHC staff. This shows opportunity to ensure CMHC staff report after hours and weekend availability for accurate future reporting.

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.

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.

There was limited progress in adding new accessible facilities and identified as an opportunity for network improvement. Beacon is adopting 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.

2. Please indicate the practitioner to client ratios in each county of your region
Please reference "R4_NetworkRpt_Q1_FY19-20" 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.