

ACC Network Adequacy Report

RAE Name: Health Colorado, Inc.

Region: 4

Period Covered: Q4 FY19

Submitted: July 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 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.

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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.

The majority (96%) of the providers in the region are currently accepting new members.

Member to Provider Ratio

Health Colorado, Inc. meets the member to provider ratio across the region. Please reference "R4_NetworkRpt_Q4FY18-19" on Tabs "Client Ratio- PCP".

- 1/1,800 adult members - Adult primary care providers
Ratio during reporting period is 1:270
- 1/1,200 adult members - Mid-level primary care providers
Ratio during reporting period is 1:685
- 1/1,800 pediatric members – Pediatric primary care providers
Ratio during reporting period is 1:153

When assessing the member to provider ratio at the county level, Mineral County does not have a PCP practitioner with a service location within the county. However, when assessing the membership based the Time and Distance Standard, Mineral County meets the standard of access to two (2) providers within a 60-mile radius.

Although the number of practitioners did not change from the previous quarterly report, there was clarification through data collection from providers on whether they served pediatric population. This resulted in improved member to provider ratio for pediatric members.

ACTIONS TAKEN TO IMPROVE THE NETWORK

Data Management

Beacon continues 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.

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

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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 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.

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 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 required distance, including 99.9% of adults and 99.6% of children. The children have access to child behavioral health providers 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) PCPs within the required distance. For children, there is 78.3% coverage of at least two (2) PCPs within 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) PCPs within the required distance. For children, there is 86.3% coverage of at least two (2) PCPs within 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 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

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

- Ratio for Adult Mental Health Practitioner is 1:80
- Ratio for Pediatric Mental Health Practitioner is 1:92
- Ratio for Substance Use Disorder Practitioner is 1:521

When reviewing the ratios at the county level available in the “Client Ratio – BH”, it shows that there is limited or no pediatric and SUD providers in some rural and frontier counties including Baca, Bent, Conejos, Costilla, Crowley, Custer, Kiowa, Lake, Mineral, Otero, Prowers, and Saguache. However, 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 have meet the accessibility standards as set forth by the contract with the Department.

All the providers in the region (100%) are currently accepting new members.

ACTIONS TAKEN TO IMPROVE THE NETWORK

Recruitment Efforts

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

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 operating. 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

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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 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

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 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.

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.

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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 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 psychiatrists thus optimizing the available resources in rural and frontier areas. As noted in the 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 “R4_NetworkRpt_Q4FY18-19” 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.

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.

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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

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 stakeholders to expand services in areas of need through school-based services and co-location at PCP offices
- Engage the 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

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

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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.

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

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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.

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.

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

PHYSICAL HEALTH PROVIDERS

Please reference “R4_NetworkRpt_Q4FY18-19” on Tab “Physical Health”. Here is the breakdown of PCPs rendering providers by Provider Type:

Provider Type	Rendering Providers
Pediatrics	9
Physician Assistants/Nurse Practitioners	120
Physicians-Obstetrics/Gynecology	3
Primary Care	191
Specialty Physicians	7
Grand Total	330

The data presented in the “R4_NetworkRpt_Q4FY18-19” Tab “Physical Health” shows a total of 330 rendering providers and the tabs “PCP by County” and Client Ratio - PCP” shows 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 data detail 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.

BEHAVIORAL HEALTH PROVIDERS

Health Colorado has 668 unique behavioral health providers (497 independent providers and 115 facilities) in the state-wide network of which 102 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	20	5
DO	1	1
EDD	3	0
LADC	2	0
LCSW	132	20
LICS	1	1
LMFT	38	4
LMHC	11	1
LPC	235	23
MA	7	0

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MD	15	10
MS	4	1
NP	2	1
ORGANIZATIONS	115	23
PA	1	0
PHD	46	4
PSYD	35	7
Grand Total	668	102

Please reference “R4_NetworkRpt_Q4FY18-19” 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.

The breakdown of behavioral health provider types is as follows:

Provider Type	Behavioral Health Practitioner Number	Behavioral Health Practitioner Percentage
ADULT_MH_PROVIDER	993	55.14%
CHILD_PSYCHIATRIST	6	0.33%
PED_MH_PROVIDER	485	26.93%
PSYCHIATRIC_PRESCRIBER	58	3.22%
PSYCHIATRIST	19	1.05%
SUD_PROVIDER	240	13.33%
Grand Total	1801	100.00%

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

Provider Type	Behavioral Health Practitioner Number	Behavioral Health Practitioner Percentage
Alamosa	13	0.72%
ADULT_MH_PROVIDER	6	0.33%
PED_MH_PROVIDER	4	0.22%
PSYCHIATRIC_PRESCRIBER	1	0.06%
SUD_PROVIDER	2	0.11%
Baca	3	0.17%
ADULT_MH_PROVIDER	2	0.11%
SUD_PROVIDER	1	0.06%
Bent	5	0.28%
ADULT_MH_PROVIDER	3	0.17%
SUD_PROVIDER	2	0.11%
Chaffee	24	1.33%

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ADULT_MH_PROVIDER	12	0.67%
PED_MH_PROVIDER	7	0.39%
PSYCHIATRIC_PRESCRIBER	1	0.06%
SUD_PROVIDER	4	0.22%
Conejos	3	0.17%
ADULT_MH_PROVIDER	2	0.11%
PED_MH_PROVIDER	1	0.06%
Costilla	1	0.06%
ADULT_MH_PROVIDER	1	0.06%
Crowley	3	0.17%
ADULT_MH_PROVIDER	2	0.11%
SUD_PROVIDER	1	0.06%
Custer	3	0.17%
ADULT_MH_PROVIDER	2	0.11%
SUD_PROVIDER	1	0.06%
Fremont	27	1.50%
ADULT_MH_PROVIDER	14	0.78%
PED_MH_PROVIDER	6	0.33%
SUD_PROVIDER	7	0.39%
Huerfano	5	0.28%
ADULT_MH_PROVIDER	3	0.17%
PED_MH_PROVIDER	1	0.06%
SUD_PROVIDER	1	0.06%
Kiowa	2	0.11%
ADULT_MH_PROVIDER	1	0.06%
SUD_PROVIDER	1	0.06%
Lake	4	0.22%
ADULT_MH_PROVIDER	2	0.11%
SUD_PROVIDER	2	0.11%
Las Animas	7	0.39%
ADULT_MH_PROVIDER	4	0.22%
PED_MH_PROVIDER	2	0.11%
SUD_PROVIDER	1	0.06%
Otero	9	0.50%
ADULT_MH_PROVIDER	5	0.28%
PSYCHIATRIC_PRESCRIBER	1	0.06%
PSYCHIATRIST	1	0.06%
SUD_PROVIDER	2	0.11%
Other	1539	85.45%
ADULT_MH_PROVIDER	861	47.81%
CHILD_PSYCHIATRIST	2	0.11%

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PED_MH_PROVIDER	429	23.82%
PSYCHIATRIC_PRESCRIBER	40	2.22%
PSYCHIATRIST	8	0.44%
SUD_PROVIDER	199	11.05%
Prowers	6	0.33%
ADULT_MH_PROVIDER	4	0.22%
SUD_PROVIDER	2	0.11%
Pueblo	141	7.83%
ADULT_MH_PROVIDER	65	3.61%
CHILD_PSYCHIATRIST	4	0.22%
PED_MH_PROVIDER	34	1.89%
PSYCHIATRIC_PRESCRIBER	15	0.83%
PSYCHIATRIST	10	0.56%
SUD_PROVIDER	13	0.72%
Rio Grande	5	0.28%
ADULT_MH_PROVIDER	3	0.17%
PED_MH_PROVIDER	1	0.06%
SUD_PROVIDER	1	0.06%
Saguache	1	0.06%
ADULT_MH_PROVIDER	1	0.06%
Grand Total	1801	100.00%

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

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ACCEPTING NEW MEMBERS

The breakdown below shows at the provider type, 96% of the network has reported as accepting new members. Please reference “R4_NetworkRpt_Q4FY18-19” Tab “Physical Health” for detailed data.

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	191	185	97%
Specialty Physicians	7	7	100%
Grand Total	330	318	96%

On the report above, 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_Q4FY18-19” 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, 27.5% of the network has reported as having after-hours care, an increase of 1.5% from the previous quarter. Data is based on rendering practitioner per location and not unique rendering practitioner. Please reference “R4_NetworkRpt_Q4FY18-19” Tab “Physical Health” for detailed data.

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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	191	52	27%
Specialty Physicians	7	0	0%
Grand Total	330	91	27.5%

As for behavioral health providers, there is 402 or 22% practitioners who reported as having afterhours and/or weekend care in the statewide contracted network. 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	993	214	22%
CHILD_PSYCHIATRIST	6	0	0%
PED_MH_PROVIDER	485	139	29%
PSYCHIATRIC_PRESCRIBER	58	9	16%
PSYCHIATRIST	19	0	0%
SUD_PROVIDER	240	40	17%
Grand Total	1801	402	22%

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. Each location the practitioner serves may have different hours of operation so the report is at the location level.

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. Provider Relations completed a cultural competency training for PCP and behavioral health providers in May 2019. Scheduling of additional trainings is currently underway.

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

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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 “R4_NetworkRpt_Q4FY18-19” 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.