

**Health First Colorado – Health Colorado Inc., Region 4**  
**Practice Support Plan**  
**July 1, 2019 – June 30, 2020**

Prepared by: Provider Relations

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**Executive Summary**

Health Colorado Inc., Regional Accountable Entity (“RAE” or “regional organization”) for Region 4, delegates network management responsibilities to Beacon Health Options (“Beacon”). Beacon seeks to educate both providers and staff about needs of Health First Colorado members and RAE’s available resources and support tools to meet those needs with the highest quality of care.

Provider Relations Director, on behalf of Health Colorado Inc., reviewed this practice support plan one year after the initial submission to the Colorado Department of Health Care Policy and Financing (“the Department”) in June 2018. The Provider Relations Director also serves as the liaison between the Department and network providers to ensure that all supports to network providers are coordinated, ensures that existing services are not duplicated, and keeps the Department informed of our activities with providers. The plan is updated annually and submitted to the Department by July 31<sup>st</sup> of each year by the Executive Officer on behalf of the Director of Provider Relations or their designee.

This plan assesses the practice supports implemented in the first year (July 1, 2018 – June 30, 2019) of the regional organization’s contract with the Department and outline focus areas for the second year (July 1, 2019 – June 30, 2020) through:

- Information and administrative supports, provider trainings, and data and technology supports available to network providers
- Practice transformation strategies to help practices progress along the integrated care continuum and
- Administrative payment strategies the regional organization uses to support providers

**Provider Communication and Training**

During the first year of Health Colorado Inc.’s contract with the Department (July 1, 2018 – June 30, 2019), the Provider Relations department assigned representatives to communicate with network Primary Care Providers (PCPs) and behavioral health providers in the region. This included communicating through in-person and [WebEx](#) meetings, phone calls and electronic mail (e-mail) with large and small volume providers and office staff regularly to ensure they have the information and tools needed to adhere to program requirements. They conducted on-site visits to obtain demographic updates, educate on their contracts, address inquiries, conduct trainings, and share any relevant information for their practice.

The primary focus of Provider Relations staff is to use these interactions to build trust and rapport with the provider and its practice. It allows Provider Relations to engage with providers and their staff to maintain an adequate network and meet program goals for practice supports such as:

- Administrative support
- Provider trainings
- Data and technology support and
- Practice transformation framework

The first year of the contract served to educate providers about the transition of Health First Colorado to Accountable Care Collaborative 2.0 (ACC 2.0), primarily:

- Understanding of Health Colorado Inc. as the Regional Accountable Entity for the Region.
- Clarifying the relationship of Beacon Health Options (“Beacon”) as the Administrative Service Organization (ASO).
- Educating on Beacon’s process and procedures for network providers.
- Understanding of their contract and responsibilities as a Primary Care Providers (PCP) and Behavioral Health provider.

### **Provider Training Strategy**

Beacon uses a team approach to manage activities for provider training that incorporates goals of provider communication and provider network management:

- General information and administrative support
- Provider trainings
- Data and technology support
- Practice Transformation
- Key Performance Indicators (KPI) and Performance Measures

Beacon, on behalf of the regional organization, initiated self-service tools and interactive training platforms to enhance communication with the providers and their staff. This allowed providers to select a modality that best fits their practice and ensure all providers receive the same level of training. Throughout the year, providers receive resources to build and maintain their knowledge regarding Health First Colorado., Providers also receive resources specific to the regional organization and other specialty information, as needed. Content of the various communication and training platforms include:

- Liability of payment
- Practice guidelines
- Authorization procedures
- Documentation requirements
- Grievance and appeal system
- General information about Health First Colorado
- Health First Colorado’s eligibility and application processes
- Health First benefits

- Other, as identified/needed.

Additionally, the various platforms are used to meet the RAE requirement to make training and update available to providers every six (6) months for the following topics:

- Colorado Medicaid eligibility and application process
- Medicaid benefits
- Access to Care standards
- EPSDT
- The Contract's Population Health Management Plan
- Use and proper submission of the Colorado Client Assessment Record for Members (CCAR) or the current Colorado Office of Behavioral Health's data collection tool for mental health and substance use disorders.
- Cultural responsiveness
- Member rights, Grievances, and Appeals
- Quality improvement initiatives, including those to address population health
- Principles of recovery and psychiatric rehabilitation
- Trauma-informed care
- Other trainings identified in consultation with the Department.

#### *Webinars*

Provider Relations continues to use webinars to educate network providers on Health First Colorado program information. Webinars inform providers of their rights such as prohibited provider discrimination and unrestricted member-provider communication as well as their roles and responsibilities. Webinars are also used to provide annual training, used to update or remind network providers of their contract responsibilities or used to inform them of pertinent changes that can impact their practice. The information presented in the webinars will be available through the RAE website ([www.healthcoloradorae.com](http://www.healthcoloradorae.com)) used as a self-service training module.

Beacon relied on Webinars during the first year of the RAE contract as the primary source of direct training to providers throughout the region. Provider Relations used webinars during the implementation of the regional organization contract to communicate the transition and address questions.

During the second year, Provider Relations will be working with Zoom Communications, a communication system adopted by Beacon in August 2019, which enables for seamless recording video and audio meetings. The recording of the webinar will be made available through the RAE website.

#### *Town Halls*

Provider Relations, in coordination with the regional organization and other departments, established travelling Town Halls. The initial plan was to conduct the Town Halls every six months. However, after assessing the need for increased education about the RAE transition

and engagement with providers in the community, Provider Relations changed to plan from semi-annual to quarterly. The Town Halls covered information driven by provider assessments for practice transformation, contract requirements, quality and utilization data, and provider feedback or needs.

Additionally, for the initial three (3) quarterly Town Halls, Provider Relations coordinated two Town Halls on the same day – one for the primary care providers and a second for behavioral health providers. This was done in order to share information specific to each provider type and accommodate time for discussion specific to their needs. For the fourth quarterly Town Hall, Provider Relations joined both provider types into one Town Hall to allow for interaction between the providers and to align the information they received related to the regional organization.

During the first year, the Town Halls covered the four sub-regions of the RAE. This was received positively by providers in San Luis Valley and Southeast Colorado, which have historically been required to travel two or three hours for meetings in Pueblo; which is the city where Health Colorado Inc. is based. However, since the provider’s participation in the Town Halls is voluntary, there was lower than expected participation in many of the Town Halls. Provider Relations fielded provider feedback and implemented different approaches to increase engagement at each Town Hall. This included:

- Selecting centralized locations within the sub-region
- Scheduling during specific times to allow for travel or least disruption to practices
- Inviting guest speakers to present on community resources (i.e. Managed Service Organizations)
- Selecting topics of high importance to the providers
- Enabling providers to join the Town Hall via WebEx.

The intent is to continue the joint quarterly Town Halls for the first six months of the second year and re-assess the frequency and format based on provider feedback. Provider Relations will continue to seek innovative approaches to increase participation in Town Halls and meet program goals.

#### *Provider Online Services*

The regional organization, through its website, has an online, provider self-service application that contains a multidisciplinary curate library of practice support tools based on contract requirements. We receive provider feedback to develop or update the materials in the provider section of the RAE website available here: <https://www.healthcoloradorae.com/providers/> . The RAE website hosts the trainings for download and review including to topics on: Medicaid benefits, Access to Care standard, EPSDT, cultural responsiveness and other topics required by the RAE contract (Section 12.9.3). It includes the “Beacon’s Policy and Procedure Manual for Providers” (Provider Manual) reviewed and updated annually available here: <https://www.healthcoloradorae.com/providers/provider-handbook/> .

The initial plan was that the Provider page of the RAE website would house recordings of Webinars and Town Halls, as well as presented materials, as a self-paced training resource. On a monthly basis, Provider Relations updates the Provider Training landing page of the RAE website and provider alerts for self-service training. However, due to the recording quality of the Webinars and Town Halls, we post the documents of the presented materials for access. Provider Relations continues to promote the regional organization website as reference materials during visits and trainings. Through the Provider Network Subcommittee, Providers reported appreciating that the training was located in a centralized location that could be accessed to reference training materials for personal use or to train new staff. Providers offered feedback on the resources they deemed useful and would like to access through the website. Beacon coordinated to add this information. An example is information about the Key Performance Indicators (KPIs).

*Other Training Modalities*

Provider Relations Department continues to use a variety of communication tools to facilitate relationship building and interaction with providers. Provider Relations staff uses well-established methods such as the website, the Provider Handbook, and the newsletter to distribute the information to providers. [The newsletter is a national communication from Beacon to contracted providers. The newsletter allows the inclusion of a section for Colorado Medicaid, when deemed appropriate. The Provider Handbook is reviewed annually by subject matter experts to maintain accurate information.](#)

Most importantly, staff has the capacity to send network providers email communications when there is actionable information that benefits their practice through ConstantContact/provider alerts. [To ensure meeting RAE requirements that training topics are available to provider every six \(6\) month, periodic provider alerts will be sent to the network to inform them of the Provider Online Services available to them including the new, updated and on-going trainings available on the website for review.](#)

[Below is the list of completed trainings during the first year. It includes the dates and platform/modality used.](#)

Topic	Platform/Modality	Date
<b>Colorado Medicaid eligibility and application process</b>	Provider Handbook	7/1/2018
	Provider Alert	8/1/2018
	Town Hall	2/26/2019
<b>Medicaid Benefits</b>	Provider Handbook	7/1/2018
	Webinar	8/21/19
<b>Access to Care Standards</b>	Provider Handbook	7/1/2018
	Webinar	5/17/2019
<b>EPSDT</b>	Provider Handbook	7/1/2018
	Town Hall	2/26/2019
	Webinar	4/30/2019

<b>Population Health Management Plan</b>	Provider Handbook	7/1/2018
<b>CCAR</b>	Provider Handbook	7/1/2018
	Provider Alert	10/1/2018
<b>Cultural Responsiveness</b>	Provider Handbook	7/1/2018
	Webinar	5/17/2019
<b>Member rights, Grievances, and Appeals</b>	Provider Handbook	7/1/2018
	Town Hall	2/26/2019
<b>Quality Improvement initiatives, including those to address population health</b>	Provider Handbook	7/1/2018
	Website	7/1/2018
	Town Hall	10/15/2019 2/26/19
<b>Principles of recovery and psychiatric rehabilitation</b>	Provider Handbook	7/1/2018
<b>Trauma-informed care</b>	Website	7/1/2018
<b>Other trends identified in consultation with the Department</b>	N/A	N/A

N/A – Not Applicable. During the first year, there were no other trends identified in consultation with the Department.

The Provider Training Work Plan for the first year of the contract was completed. All tasks to develop and deliver training are part of the established process of provider engagement.

**Table 1: Provider Training Work Plan**

<b>Task</b>	<b>Resources</b>	<b>Completion Date</b>
<b>Webinars</b>		
Determine Provider Education Needs and Schedule (See Table 2: Operational Practice Support Work Plan)	Provider Relations	Complete
Create, update and maintain Curricula	All departments	Complete
Develop and submit Invitations	Provider Relations	Complete
Record and upload Completed Webinar to the Provider Website	Provider Relations	Complete
<b>Town Halls</b>		
Determine Schedule and Location	Provider Relations	Complete
Prepare Town Hall ideas and materials	All departments	Complete
Develop and submit Invitations	Provider Relations	Complete
Record and upload Completed Webinar to the Provider Website	Provider Relations	Complete
<b>Provider Online Services - Website</b>		
Identify Website Requirements (See Table 3: Operational Practice Support Work Plan)	IT & Provider Relations	Complete
Create and Complete Website Plan Document Outline.	IT & Provider Relations	Complete
Create Website Rollout plan with specific deliverable dates.	IT & Provider Relations	Complete
Coordinate with Communications and IT to create draft Website Content in Development Site.	IT & Provider Relations	Complete
Make ongoing day-to-day changes via standard publishing requests.	IT & Provider Relations	Complete
<b>Provider Newsletter</b>		
Create newsletter template	Provider Relations	Complete

Create newsletter distribution calendar	Provider Relations	Complete
Determine Newsletter approval process and following the regular approval process	Provider Relations	Complete
Prepare article submission ideas for the newsletter editions.	All departments	Complete
Develop first provider newsletter	Provider Relations	Complete
<b>Provider Handbook</b>		
Create draft provider handbook based on items outlined in the RFP for Behavioral Health and PCP networks	Provider Relations	Complete
Send draft provider handbook to subject matter experts to incorporate detail.	Provider Relations	Complete
Post final provider handbook on the provider websites.	Provider Relations	Complete
<b>Provider Alerts</b>		
Create and maintain an email address for providers to add their email addresses to an email distribution list	Provider Relations	Complete
Email distribution list will serve as a list serve for provider updates and/or alerts.	Provider Relations	Complete
Post Provider Alerts to the Provider section of the Website with date and subject of alert in chronological order.	Provider Relations	Complete

**Practice Support Strategy**

Providers receive a range of information promoting Health First Colorado as part of their training on the regional organization. Provider Relations employ periodic interactions with Providers and their staff either through in-person contact, over the phone and through electronic communication, to better understand the individual needs of the practice. Depending on the identified need, either a staff member of Provider Relations or another member of the interdisciplinary team will offer training or resources to the PCP.

Providers benefit from the expertise of an interdisciplinary team composed of representatives from departments such as Care Coordination, Information Technology (IT), Provider Relations and Quality Management. These departments regularly connect in order to review specific providers and address practice support needs. Members of this team conduct follow up with the providers directly through a combination of email, conference calls, and in-person visits.

During the first year, the team’s practice supports activities focused on educating PCPs about the transition to the Accountable Care Collaborative 2.0 (ACC 2.0) requirements as a contracted provider and assist them to meet the requirements. *The focus was driven largely by PCPs requests to understand ACC 2.0 and its impact to their practice. As a result, the interdisciplinary team provided support and education on:*

- Member Attribution process
- Per Member Per Month (PMPM) payment process
- Care Coordination requirements
- Technical Assistance: access and utilization of HCPF’s Data Analytics Portal (DAP)
- Alternative Payment Model

- Key Performance Indicators (KPI) and
- Member Dismissal Policy

The initial plan was that once the practices competently managed the requirements, then the practice support activities would transition to develop and implement their practice transformation plan. Beacon appropriately anticipated that the majority of the practices would require at least one year to fully understand and manage their ACC 2.0 requirements.

During the second year of the contract, the regional organization and its providers are better positioned to engage in practice transformation. The required Practice Assessments for all PCPs will inventory the PCPs practice transformation activities, capacity and resources to become a care management delivery system. Additionally, all PCPs will be required to report monthly on any care coordination activities they perform with their attributed members. Beacon, as the ASO, will support providers at all levels on effectively incorporating the new requirement into their practice including access and training of the RAE's Care Coordination Tool.

### **Practice Transformation Strategy**

Provider Relations, in collaboration with Quality Management, Care Coordination and Information Technology, present to providers and their staff the importance of practice transformation and offer on-going operational support that will ultimately integrate into practice transformation. Providers who progress on the continuum of integrated medical home might be eligible to increase the functions within the PCP practice, receive an enhanced PMPM payment, and be eligible to receive additional earnings from the KPI bonus pool.

### *Practice Assessments*

The required Practice Assessments for all PCPs will inventory the PCPs practice transformation activities, capacity and resources to become a care management delivery system. This may include operational support, sharing of clinical tools, client materials, data systems and technology that support and enhance provider capacity and quality of care.

During the first year of the RAE, PCP practices were encouraged to complete a practice assessment. Because of the provider engagement, 21 PCPs completed a practice assessment. Of these, three (3) PCPs achieved Collaborative level and seven (7) PCPs achieved Accountable level and were delegated full Care Coordination functions. All other providers remained at the Contributing level.

Starting July 1, 2019, under new PCP contracts, providers are required to participate in a practice assessment. Providers that completed an assessment at the start of the RAE are required to complete a reassessment in order to track their progress. Additionally, Accountable level providers underwent their first in-person annual appraisal. [The practice assessment for each PCPs will be completed as the new PCP contract is executed. It is estimated that the PCP contracts will be executed by end of first quarter of 2020. As a result, the practice assessments will be completed on a rolling basis with an estimated completion timeline of second quarter of 2020.](#)

Providers that achieved Collaborative level, the transitional level, are required to complete a Practice Assessment to demonstrate their progress to becoming an Accountable level provider. Under the new PCP contract, PCPs can remain at the Collaborative level no longer than two fiscal years. During the second year, the PCPs currently under the Collaborative level will engage in a Practice Transformation Plan to address their areas of improvement and address how they can achieve the Accountable level.

#### *Practice Transformation Activities*

Beacon anticipates that the majority of the PCPs will remain at the same level from the first to the second year. Providers will be expected to engage in practice transformation based on their capacity and resources.

PCP practices that participate in incentive programs will be segmented to work closely with Quality Management as part of their Practice Transformation Plan. *The action items may include the use of the plan-do-check-act (PDCA) cycle to create quality improvement activities. The practice will review their quality measures, identify measure(s) to focus for improvement, and develop specific activities to impact the measure, and track the effectiveness of the activities to adjust for measurable improvement.*

Additionally, Quality Management will leverage its *Learning Collaboratives* to bring similar practices together to share best practices and conduct peer-to-peer quality improvement activities. Furthermore, identify common metrics across RAE efforts and State incentive programs to streamline quality improvement activities.

Examples of incentive program are:

- Alternative Payment Model (APM)
- State Innovation Model (SIM) and
- Comprehensive Primary Care Plus (CPC+) or
- Submit data for CQM, PQRM measures

*The Practice Transformation Plans for the practices engaged in incentive programs are primarily Collaborative level providers. Thus, their plan will include connection with the Department of Care Coordination to prepare for full delegation of Care Coordination functions so they can demonstrate improvement at the following Practice Assessment cycle. Finally, these practices will be required to contribute and receive data about their attributed members to meet contractual requirements. Their plan will include the Department of Information Technology to offer technical assistance to maximize the available member data and care coordination tool used to improve practice's outcomes. The action items may include tracking of proper and timely care coordination reporting, as well as, use of member data on the HCPFs Data Analytics Portal (DAP) and care coordination tool.*

*The Practice Transformation Plans for smaller practices with no participation in incentive programs will receive practice transformation assistance appropriate to their capacity. Beacon,*

on behalf of the regional organization, will leverage the provider training platforms such as Webinars, RAE Website, Town Halls and Provider Alerts to share information about practice transformation activities. [The Practice Transformation Plans for these providers](#) will include opportunities to connect with local and State resources and other similar practices to learn how to:

- Maximize the HCPF’s Data Analytics Portal (DAP)
- Utilize the RAE’s Care Coordination Tool
- Improve their Key Performance Indicators and
- Capitalize on their Care Coordination Entity’s resources

Practices at this level have reported benefiting the most from individual interactions with Provider Relations, Quality Management and other departments as it allows them to drill down to their situation and implement processes customized to their practice. Small practices will receive periodic on-site visits as part of the overall Provider Support Plan for the region.

*Accountable Annual Appraisals*

Primary Care Providers who achieved the Accountable level during the first year of the RAE were required to complete an annual appraisal in accordance with their contract. This was done to assess the PCP to ensure that the PCP continues to meet the requirements of the agreed upon functions or performance on KPI measures. The findings of the appraisal assisted in determining the PCP designation for the new fiscal year. Each PCP received an Accountable PCP Annual Appraisal Tool scored by the interdisciplinary team and used to assess performance. It focused on:

- Audit results for Care Coordination activities
- Effective performance of Care Coordination
- Provider Network reporting with timeliness and accuracy
- Engagement in KPI measures (i.e. submission of Care Compacts)

PCPs that did not demonstrate meeting the minimum requirements established for the Accountable PCP level received a Performance Improvement Plan. If these providers do not demonstrate improvement within the stated period as well as sustain compliance from month to month, they will then be designated as a Contributing PCP. All PCPs are scheduled for a 6-month follow up to review the progress as an Accountable level provider.

[All of the seven \(7\) Accountable level PCPs completed their first annual appraisal of which two \(2\) PCPs received a Performance Improvement Plan \(PIP\). They agreed to the PIP and are working to demonstrate improvements and scheduled a 6-month follow up review.](#)

The Practice Transformation Work Plan (Table 2) for the first year of the contract was completed. All tasks are part of the established process of provider engagement.

**Table 2: Practice Transformation Work Plan Year 1**

Task	Resources	Completion Date
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<b>Practice Assessment Tool</b>		
Identify requirements for Practice Assessment Tool	All departments	Complete
Create and Complete Practice Assessment Plan Document Outline	IT & Provider Relations	Complete
Create Rollout plan with specific deliverable dates	IT & Provider Relations	Complete
Contact Providers and offer conduct Practice Assessment	Provider Relations	Complete
Upload Practice Assessments on NAAC Tool (or other desktop application, if NAAC Tool not fully functional)	Provider Relations	Complete
<b>Practice Transformation Plan</b>		
Create a multidisciplinary team schedule	All departments	Complete
Develop Practice Transformation Plan on NAAC Tool (or other desktop application, if NAAC Tool not fully functional)	All departments	Complete
Communicate with practices on transformation plan and available tools (See Table 2: Operational Practice Support Work Plan)	Provider Relations	Complete
Track progress of Practice Transformation Plan on NAAC Tool (or other desktop application, if NAAC Tool not fully functional)	All departments	Complete

**Table 2.1: Practice Transformation Work Plan Year 2**

<b>Task</b>	<b>Resources</b>	<b>Estimated Date</b>	<b>Completion Date</b>
<b>Practice Assessment Tool</b>			
Identify requirements for Practice Assessment Tool	All departments	7/1/19	7/1/19
Create and Complete Practice Assessment Plan Document Outline	Quality & Provider Relations	8/1/19	8/1/19
Create Rollout plan with specific deliverable dates	Quality & Provider Relations	8/30/19	On Target
Contact Providers to conduct Practice Assessment as PCP contracts are executed - Rolling	Quality & Provider Relations	9/1/19-12/31/19	Rolling
Complete Practice Assessment - Rolling	Quality & Provider Relations	10/1/19-12/31/19	Rolling
Upload Practice Assessments on NAAC Tool (or other desktop application, if NAAC Tool not fully functional) – Rolling	Quality & Provider Relations	11/1/19-1/31/20	Rolling
<b>Practice Transformation Plan</b>			
Conduct multidisciplinary team reviews of Practice Assessments	Quality, Care Coordination, Information Technology, Provider Relations	11/1/19-1/31/20	Rolling
Develop Practice Transformation Plan on NAAC Tool (or other desktop application, if NAAC Tool not fully functional)	Quality, Care Coordination, Information Technology, Provider Relations	11/1/19-2/28/20	Open
Communicate with practices on transformation plan and available tools (See	Provider Relations	11/1/19-2/28/20 (Ongoing)	Open

Table 3: Operational Practice Support Work Plan)			
Track progress of Practice Transformation Plan on NAAC Tool (or other desktop application, if NAAC Tool not fully functional)	Provider Relations	6/30/20 (Ongoing)	Open

*NAAC Tool*

During the initial plan, the intent was to have the results of the assessment used in order to develop a practice transformation plan that connects the provider to a variety of resources made available through the regional organization. The interdisciplinary team would track the provider’s progress in achieving the practice transformation plan using available data and population analysis. The Network Assessment and Action Communication (NAAC) tool would coordinate activities with the provider to assist them in achieving their practice transformation plan.

The RAE considers the development of a tool to coordinate activities with providers is valuable. After the lessons of the first year, there is a need to evaluate how the NAAC tool will function and interact with other systems and processes within the organization to best coordinate provider support functions and assist the RAE meet achieve its contractual goals. During the second year, there will be an emphasis on the NAAC Tool with review of identified requirements, development and implementation.

**Table 3: Operational Practice Support Work Plan for Year 1 and continue Year 2**

Task	Resources	Completion Date
<b>Practice Support Tools</b>		
Identify requirements for support tools based on RFP and contract <ul style="list-style-type: none"> <li>Operational</li> <li>Practice Transformation</li> <li>Clinical Screening Tools</li> <li>Data Systems and Technology</li> <li>Training materials for non-medical staff</li> </ul>	All departments	Complete
Create, update and maintain materials based on the requirements	All departments	Complete
Post final materials on the provider websites	IT and Provider Relations	Complete
Review and maintain materials	Provider Relations	9/30/19
<b>NAAC Tool*</b>		
Identify requirements for NAAC Tool	All departments	Complete, pending review 9/30/19
Create and Complete NAAC Tool Document Outline	IT & Provider Relations	10/30/19
Create Rollout plan with specific deliverable dates	IT & Provider Relations	12/31/19
Conduct training on utilization of NAAC Tool for participants of the interdisciplinary team	All departments	2/1/20-2/28/20
Implement use of NAAC Tool	All departments	3/1/20

\*Note: The electronic system allows individuals and departments to document key interactions with providers, including tracking assessments, action or training plan, and document other related activities. While the NAAC Tool is developed and implemented, Provider Relations will use desktop applications to track the interactions with

providers and departments. The information gathered during this period will be transferred to NAAC Tool once fully functional.

### **Provider Network Sub-Committee**

The Provider Network Sub-Committee, which reports to the Quality Committee, was designed to oversee the network development functions and network management activities. They ensure that providers receive appropriate technical support and training, as well as drive practice transformation. The committee meets regularly and uses available data and reports to ensure the regional organization meets or exceeds contract requirements on:

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