COLORADO
Department of Health Care Policy & Financing

FY 2020–2021 Network Adequacy Quarterly Report Template

Managed Care Entity: *Health Colorado, Inc.*

Line of Business: *RAE*

Contract Number: *19-107515*

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Report due by *1/29/2021*, covering the MCE's network from 10*/01/2020 – 12/31/2020*, FY Q*2*

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1. Instructions for Using the Network Adequacy Quarterly Report Template

This document contains the June 2020 release of a standardized template for use by all Colorado Medicaid or CHP+ Managed Care Entities (MCEs) for quarterly Network Adequacy (NA) reporting to the Colorado Department of Health Care Policy and Financing (HCPF). Each MCE should generate one quarterly NA report for each applicable line of business (i.e., CHP+ MCO, Medicaid MCO, and RAE); the report shall contain template elements applicable to the line of business. Network categories required for quarterly reporting are defined in the CO Network Adequacy Crosswalk Definitions (June 2020 version).

The practitioners, practice sites, and entities included in the quarterly NA report will include ordering, referring, and servicing contractors that provide care through a Colorado Medicaid or CHP+ MCE. To ensure consistent data collection across MCEs, each MCE must use this HCPF-approved report template (MS Word and MS Excel templates) to present the MCE's quarterly NA report and data for the corresponding practitioners, practice sites, and entities. Report due dates will align with those outlined in the MCE's contract, unless otherwise stated.

Fiscal Year (FY) Quarter (Q) Reported	Months Included in the Report
FY 2019-20 Q4	April, May, June
FY 2020-21 Q1	July, August, September
FY 2020-21 Q2	October, November, December
FY 2020-21 Q3	January, February, March

Definitions

- "MS Word template" refers to the *CO2020-21_Network Adequacy_Quarterly Report Word Template_F1_0620* document.
- "MS Word MCE Data Requirements" refers to the *CO2020-21_Network Adequacy_MCE_DataRequirements_F1_0620* document that contains instructions for each MCE's quarterly submission of Member and network data.
- "MS Excel Geoaccess Compliance template" refers to the *CO2020-21_Network Adequacy_Quarterly Report Excel Template_<MCE Type>_Geoaccess Compliance* spreadsheet.
  - MCEs will use this file to supply county-level results from their GeoAccess compliance calculations, including practitioner to Member ratios and time/distance calculations.
- Use the Colorado county designations from the Colorado Rural Health Center to define a county as urban, rural, or frontier; the most recent county-level map is available at the following website:
  - https://coruralhealth.org/resources/maps-resource
  - Note: Urban counties with rural areas (e.g., Larimer County) should be reported with the rural counties and use rural time/distance standards.
- A "practice site" or "practice" refers to a physical healthcare facility at which the healthcare service is performed.

- A “practitioner” refers to an individual that personally performs the healthcare service, excluding single case agreement (SCA) practitioners.
- An “entity” refers to a facility-level healthcare service location (e.g., hospital, pharmacy, imaging service facility, and/or laboratory).

Report Instructions

Each MCE should use this template to generate one quarterly NA report for each applicable line of business (i.e., CHP+ MCO, Medicaid MCO, and RAE); the report shall contain template elements applicable to the line of business. The MCE should update the highlighted, italicized data fields on the cover page of this template to reflect their contact information, contract information, and report dates associated with the current report submission.

This report template contains a comprehensive list of NA requirements for the CHP+ MCO, Medicaid MCO, and RAE lines of business. Each table in this MS Word document contains a header row, which confirms the applicable line(s) of business for each response. The table below shows expected network categories by MCE type. The accompanying MS Excel spreadsheets contain tabs in which network data can be imported (e.g., Member counts, ratio results, time/distance calculation results).

Network Category	CHP+ MCO	Medicaid MCO	RAE
Facilities (Entities) (*Hospitals, Pharmacies, Imaging Services, Laboratories*)	X	X	
Prenatal Care and Women’s Health Services	X	X	X
Primary Care Providers (PCPs)	X	X	X
Physical Health Specialists	X	X	
Behavioral Health Specialists	X		X
Ancillary Physical Health Services (*Audiology, Optometry, Podiatry, Occupational/Physical/Speech Therapy*)	X	X	

Questions

- Contact the MCE’s Department contract manager or specialist for data submission instructions and assistance with questions or access to HCPF’s FTP site.

Establishing and Maintaining the MCE Network

Supporting Contract Reference: The MCE shall maintain a network that is sufficient in numbers and types of practitioners/practice sites to assure that all covered services to Members will be accessible without unreasonable delay. The MCE shall demonstrate that it has the capacity to serve the expected enrollment in that service area.

- To count Members, include each unique Member enrolled with the MCE and line of business as of the last day of the measurement period (e.g., June 30, 2020, for the quarterly report due to the Department on July 30, 2020).
- To count practitioners/practice sites:
  - Include each unique practitioner/practice sites contracted with the MCE and line of business as of the last day of the measurement period (e.g., June 30, 2020, for the quarterly report due to the Department on July 30, 2020).
  - Define unique individual practitioners using Medicaid ID; a practitioner serving multiple locations should only be counted once for the count of practitioners and ratio calculations.

Define unique practice sites by de-duplicating records by location, such that a single record is shown for each physical location without regard to the number of individual practitioners at the location.

Table 1A-Establishing and Maintaining the MCE Network: Primary Care Data

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO, RAE				
Total Members	130,923	N/A	135,531	N/A
Total primary care practitioners (i.e., PROVCAT codes beginning with “PV” or “PG”)	449	N/A	505	N/A
Primary care practitioners accepting new Members	445	99.1%	501	99.2%
Primary care practitioners offering after-hours appointments	158	35.2%	158	31.3%
New primary care practitioners contracted during the quarter	31	6.9%	58	11.5%
Primary care practitioners that closed or left the MCE’s network during the quarter	11	2.4%	3	0.06%

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Table 1B-Establishing and Maintaining the MCE Network: Primary Care Discussion

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of primary care practitioners to assure that all covered services will be accessible to Members without unreasonable delay. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
Health Colorado, Inc. (HCI) maintained a network of providers across the region in number and type of Primary Care Practitioners (PCPs) to assure that all covered services will be accessible to Members immediately. HCI meets time and distance standards for the majority of our membership. Areas of need include practitioners for adult population or providers serving only pediatrics in Baca, Chaffee, Conejos, Crowley, Lake, Las Animas, Mineral, Prowers, Pueblo, Rio Grande, and Saguache. Additionally, they need Gynecology, OB/GYN (MD, DO, NP) that serve as Primary Care Practitioners in Baca, Conejos, Las Animas, Mineral, Prowers, Pueblo, and Rio Grande. These remain the same from previous reporting period. HCI has contracted with all willing and eligible PCPs within the region. In the areas that HCI meets less than 100% access it is due to: • Pueblo County, although it has an urban designation, it has territories that are more rural and where a practitioner is not within 30 miles/30 minute radius. • The manner in which practitioners who serve both adults and pediatric population are categorized in the GeoAccess analysis for this quarterly report. • Lack of sufficient practitioners within the time/distance standard by practice level within rural and frontier counties to recruit for contracting, specifically those with specialties such as Primary Care Provider that offer Gynecology services or serve pediatric population. During the reporting period, the network experienced some changes. Valley-Wide Health Systems (VWHS) affiliated their new location in Buena Vista and is pending to affiliate their new Canon City location once they complete their Medicaid enrollment. Catholic Charities de-affiliated one (1) women's practice location in Canon City and added one (1) women's practice location in Pueblo West. The de-affiliated locations will continue to serve Medicaid individuals, but as a specialty provider only. HCI expected to sign a contract with Steel City Pediatrics, located in Pueblo. However, due to logistical hurdles, we did not finalize the contract during the reporting period. HCI will continue to work with the PCP to execute an agreement. Furthermore, San Luis Valley Behavioral Health Group continues to work on opening a PCP practice during the third quarter of the fiscal year.

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of primary care practitioners to assure that all covered services will be accessible to Members without unreasonable delay. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
HCI continues to be concerned about the manner practitioners serving both adults and pediatrics populations are limited to the category of Family Medicine practitioners. This underrepresents HCI's ability to meet the primary care needs and offer Member choices. HCI maintains a strong network of Family Medicine practitioners throughout the region to meet the needs of Members of all ages and genders within the access to care standard requirements. Federally Qualified Health Centers (FQHCs) in the network, Valley-Wide Health Systems and Pueblo Community Health Center, have a large number of Family Medicine Practitioners that are able to serve Members of all ages and genders, as well as, culturally appropriate services. In rural and frontier regions where practitioners are in short supply, Family Medicine Practitioners are better equipped to serve the various needs of the community. All providers can access telephone interpreter services for languages not available through their staff by contacting HCI. HCI worked with Planned Parenthood to update their list of practitioners, which rotate between multiple locations, resulted in additional Gynecology, OB/GYN (MD, DO, NP) and Gynecology, OB/GYN (PA) practitioners within existing practice locations in the region. However, Catholic Charities de-affiliated two (2) practices that had women's health providers. This resulted in overall improvement in access to these services by less than one (1%) percent, based on GeoAccess analysis. HCI will continue to search opportunities to identify and recruit available practitioners that offer women's health services. HCI continues to work with PCP practices to understand their use of telehealth services. The utilization of telehealth did not change from the previous report. Twenty-one (21) practice locations use telehealth on limited services; however, they continue to experience overall reduced billing of routine and well-care services during the COVID-19 crisis. Additionally, PCPs report offering some form of telehealth services in their clinic for specialty care gaps including behavioral health, psychiatry, and medical specialties such as infectious disease and family planning. HCI continues to promote Care on Location for telemedicine for virtual urgent care services on the website. HCI anticipates that both Member and provider experience to telehealth services during the COVID-19 crisis will increase comfort levels with the technology and will have a lasting impact on service delivery. During the reporting period, HCI made advances in the strategies to ensure that the PCP network has a sufficient number of providers to serve Members based on the maximum distance for their county classification. 1- HCI conducted limited outreach to the providers previously identified on the Enrollment Summary Report with data of non-contracted providers to identify PCP practices in the Region that are offering services to Medicaid Members, but not currently part of the network. In the previous report, HCI identified nineteen (19) practices for potential recruitment as a PCP, of which, ten (10) are located in Pueblo County, four (4) in Fremont, two (2) in Otero, and one (1) in each of the following counties:

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of primary care practitioners to assure that all covered services will be accessible to Members without unreasonable delay. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
Alamosa, Custer, and Huerfano. The recruitment outreach has been limited to phone and email due to COVID-19 staff travel restrictions. The one (1) PCP practice that did respond, Comfort Care Family Practice in Pueblo, is interested in joining and HCI is setting up a meeting to initiate the contracting process. HCI will continue outreach identified PCP practices for recruitment to address the gaps identified through the GeoAccess analysis noted in Tables 11 through 13. 2- Leverage community connections through the regional Program Improvement Advisory Council (PIAC) and Health Neighborhood Collaborative to obtain information on potential providers in the frontier and rural counties, which may be poised to join the network. On November 19, 2020, Provider Relations did a brief presentation to the regional PIAC to inform them of their role for network management and address questions. Also, extended their contact information should they have questions or referrals of providers or resources in the area. On the R4_Network_FAC_20210129, the capacity field for the individual provider is blank because the current collected data is at the practice level rather than individual level. HCI is working to identify how to collect data at the individual level for purposes of reporting.

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Table 2A-Establishing and Maintaining the MCE Network: Behavioral Health Data

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO, RAE				
Total Members	130,923	N/A	135,531	N/A
Total behavioral health practitioners (i.e., PROVCAT codes beginning with "BV" or "BG")	1,872	N/A	1,917	N/A
Behavioral health practitioners accepting new Members	1,872	100%	1,917	100%
Behavioral health practitioners offering after-hours appointments	486	26.0%	497	25.9%
New behavioral health practitioners contracted during the quarter	107	5.71%	96	5.0%
Behavioral health practitioners that closed or left the MCE's network during the quarter	39	2.1%	51	2.6%

Table 2B-Establishing and Maintaining the MCE Network: Behavioral Health Discussion

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to Members without unreasonable delay. If your network includes out-of-state practitioners serving Members enrolled with the MCE please describe. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
During the reporting period, HCI focused its recruitment efforts towards the implementation of the Substance Use Disorder (SUD) benefit expansion effective January 1, 2021. HCI outreached and extended contracts to eligible SUD providers within the region and those outside the region with specific ASAM levels to meet network adequacy. Based on the outreach, HCI successfully contracted with seven (7) SUD providers (with multiple facility locations) and are undergoing credentialing to join the network. Although HCI actively communicated with providers and they were willing to contract months ahead of the implementation date, HCI had challenges in implementing a network of SUD providers for SUD benefit expansion due to delays in final rates and provider Medicaid enrollment for the new SUD levels. In order to remediate these delays, HCI is working with SUD providers through Single Case Agreements (SCAs) while we finalize their contracting. SUD providers who sign their contract are not required to complete SCAs and undergoing an expedited credentialing process. Health Colorado, Inc. (HCI) maintained a network of providers across the region in number and type of behavioral health practitioners to assure that all covered services will be accessible to Members immediately. HCI primarily has rural and frontier region, which has limited practitioners within the region to meet 100%

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to Members without unreasonable delay. If your network includes out-of-state practitioners serving Members enrolled with the MCE please describe.

If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.

CHP+ MCO, Medicaid MCO, RAE

time and distance standards for all provider levels. Although HCI has a strong network of practitioners, particularly within its regions, in the areas that HCI meets less than 100% access it is due to:

- Pueblo County, although it has an urban designation, it has territories that are more rural and where a practitioner is not within 30 miles/30 minute radius.
- Frontier counties outside the region are challenging to recruit and retain practitioners when they expect a small number, if any, referrals of Medicaid members assigned to Health Colorado. Especially when Members with residence in that area are seeking services in other counties such as Pueblo or El Paso.
- Lack of overall Psychiatric Residential Treatment Facilities and Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities within State to meet the time/distance standards for a large part of the HCI region. Parkview Medical Center, which is locate within our region, terminated their contract in response to billing changes in the Evaluation and Management (E&M). HCI continues to work with them through Single Case Agreements (SCAs), when medically appropriate, to ensure member care.

As reported in previous report, HCI's network of behavioral health providers in Pueblo meets ninety-nine (99%) percent of standards. Since majority of the practitioners center in the city of Pueblo, Medicaid Members residing in the border of the county (which would more accurately define as a rural community than urban) have limited practitioners within the thirty (30) mile radius. In those areas, there are no sufficient behavioral health providers to meet the requirement. Also, the addition of practitioners in the county has not positively impacted the standards because they are not located within the thirty (30) mile radius from all Medicaid Members.

HCI did not meet one hundred (100%) percent of the standards for Psychiatrists and Other Psychiatric Prescribers in Pueblo and Powers. HCI continues to be concerned about the requirement to have a network of prescribers after the billing changes in the HCPF Coding Manual for Evaluation & Management (E&M) Codes. Since prescribers who do not meet the Behavioral Health Specialty Provider Criteria are required to bill Fee-For-Service for Evaluation & Management (E&M) Codes, they no longer have an incentive to contract with HCI. As a result, HCI has ceased recruitment for prescribers.

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to Members without unreasonable delay. If your network includes out-of-state practitioners serving Members enrolled with the MCE please describe. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
Across the region, HCI did not meet one hundred (100%) percent access within the required distance to Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities and Psychiatric Residential Treatment Facilities. Parkview Medical Center terminated their behavioral health contract with HCI in September 2020, which further reduced access to inpatient services. HCI is closely monitoring Members presenting in Parkview's Emergency Room (ER). HCI is working with local community mental health centers and Health Solutions to evaluate Members for an appropriate discharge plan and placement based on the Member needs within the network. This includes leveraging non-inpatient services such as ATUs, for Member care. Since the termination of the contract, HCI has successfully diverted over forty (40) Members to network providers and facilities. In situations where appropriate placement is not available, which has occurred in a very limited basis, HCI has negotiated one-day inpatient authorization with Parkview to ensure Member care and allow time to transition the Member to an in-network facility. Furthermore, HCI is exploring supporting a pilot with Parkview Medical Center and Pueblo County Jail; discussions are in the initial stages. Partner CMHCs, are working to increase capacity in services within the region. Southeast Health Group (SHG) continues to work on opening an Acute Treatment Unit (ATU) to its Regional Assessment Center in La Junta (Otero County), which should be available first quarter 2021. This will allow SHG to perform co-occurring SUD and mental health crisis inpatient services for individuals close to home. Similarly, Solvista Health is planning a six (6) bed ATU in the Summer of 2021, which will be connected to Heart of the Rockies Regional Medical Center in Salida (Chaffee County). The addition of the two (2) facilities will increase capacity for services for Members in their community. HCI continues to pursue all avenues for recruitment of providers to enhance its existing network. Here is the status of the strategies that are underway to fill the gaps in provider needs outlined above within the region: 1- Tracked utilization, Single Case Agreement (SCA) data, and historical claims information to identify providers who are currently providing services to Health First Colorado (Medicaid) Members. As part of the on-going monitoring of the SCA data, HCI actively outreached providers that have received multiple SCAs in the previous six (6) months. HCI has been working with nine (9) providers: four (4) in Pueblo, three (3) in El Paso, one (1) in Alamosa, and one (1) in Chaffee Counties) with SCAs to join the network. A dedicated HCI staff is assisting the five (5) providers who initiated credentialing in the previous report to complete the process of which two (2) providers completed credentialing during the reporting period. HCI will continue to work with the remaining three (3) providers in the credentialing process. No additional providers identified for recruitment through the SCA report this reporting period.

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to Members without unreasonable delay. If your network includes out-of-state practitioners serving Members enrolled with the MCE please describe. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
2- Conducted review of current listings of Health First Colorado (Medicaid) participating providers and Department of Regulatory Agencies (DORA) registry to identify providers within the region. HCI outreached providers identified through the listings of Health First Colorado participating providers and the DORA Registry. HCI has ceased using this strategy to identify potential providers because the network within the region is robust and, instead, HCI is focusing efforts in maintaining the existing network and recruiting providers that are serving the Members through Single Care Agreements. 3- Monitored operational processes to successfully recruit and report behavioral health providers. During the reporting period, HCI continued to focus on supporting providers in the credentialing process to complete the application and join the network. Specifically, HCI continues to train its Provider Relations staff to enhance understanding of the credentialing process to communicate with providers around correct application and address potential barriers. This process has helped address provider concerns in timely manner and offer transparency on the status of their application. Overall, HCI is focusing its efforts in bringing to the network providers that address network gaps based on GeoAccess review, Single Case Agreement (SCA) data and network buildout for the SUD benefit expansion effective January 1, 2021. 4- Expanded utilization of telehealth services throughout the region for specialty services and Members located in our rural and frontier areas. HCI monitored the utilization of telehealth services from the first quarter to second quarter of FY 2021. Twenty-five (25%) percent of the outpatient services (based on number of units) during October and November 2020 were provided through telehealth (data for December was not available at the time of the report). The majority of the utilization continues to be for individual and family psychotherapy codes (90832, 90834, 90837, 90846, and 90847) with very little use of other codes, including Medical Management codes. The appointment cadence appears to be weekly, which is in alignment with in-person services. The State of Emergency, which allows for expanded use of telehealth services has been extended, which has allowed the continued use of services. HCI continues to monitor the changing environment of telehealth, specifically the expansion of covered codes and telephone as an allowed medium, to support providers as they build capacity towards a sustainable service. Heart Centered Counseling (Now: Lifestance) has service locations in Greeley, Fort Collins, Littleton, Denver, and Colorado Springs where they are adding locations, Psychiatrists, prescribers, and LCSWs. Lifestance has a robust telehealth program, which will increase access and Member choice through telehealth services for the region.

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to Members without unreasonable delay. If your network includes out-of-state practitioners serving Members enrolled with the MCE please describe. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
HCI's network of telehealth providers are within the State of Colorado. Based on the utilization of the service, we identify that majority of providers are leveraging telehealth to enhance their services with Medicaid Members and offer them safe alternatives during the pandemic. HCI had engaged an out-of-state provider group focusing on telehealth services in 2019; however, the partnership did not come into fruition due to the low volume of referrals for services. As a result of the pandemic and shifting trends towards telehealth beyond this critical time, HCI is continuing to monitor utilization and, if appropriate, renew engagement with providers outside the state to increase access to care. HCI continues to report to HSAG on hospitals and facilities that do not crosswalk to behavioral health criteria. The provider behavioral health services had taxonomies that met the criteria as a PF150 (Hospital) which is not an allowed Network Category for a RAE. Review of the NPI did not yield additional taxonomies that would crosswalk to behavioral health criteria. Based on HSAG guidance, these facilities are included in the facility report, but not be part of the GeoAccess Compliance report. The inability to crosswalk these facilities to a behavioral health criterion affects the accurate assessment of geographic access to care in the network. For the Psychiatric Residential Treatment Facilities (PRTFs), HCI is continuing to review the facilities that fall under the category to ensure they are appropriate. Facilities continue to be outreached to review and submit updated demographics, if necessary. The changes collected during reporting period are reflected in the report. On the R4_Network_FAC_20210129, the capacity field for the individual provider is blank because the current collected data is at the practice level rather than individual level. HCI is working to identify how to collect data at the individual level for purposes of reporting.

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Table 3A-Establishing and Maintaining the MCE Network: Specialty Care Data

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO				
Total Members	N/A	N/A	N/A	N/A
Total specialty care practitioners (i.e., PROVCAT codes beginning with "SV" or "SG")	N/A	N/A	N/A	N/A
Specialty care practitioners accepting new Members	N/A	N/A	N/A	N/A
Specialty care practitioners offering after-hours appointments	N/A	N/A	N/A	N/A
New specialty care practitioners contracted during the quarter	N/A	N/A	N/A	N/A
Specialty care practitioners that closed or left the MCE's network during the quarter	N/A	N/A	N/A	N/A

Table 3B-Establishing and Maintaining the MCE Network: Specialty Care Discussion

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of specialty care practitioners to assure that all covered services will be accessible to Members without unreasonable delay. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO
N/A.

3. Network Changes and Deficiencies

Network Changes

Supporting contract reference: The MCE shall report in writing to the Department, all changes in MCE Networks related to quality of care, competence, or professional conduct.

Table 4-Network Changes: Discussion

If the MCE experienced a positive or negative change in its network related to quality of care, competence, or professional conduct, describe the change and state whether the MCE notified the Department, in writing, within ten (10) business days of the change. **Note: If the MCE experienced a deficiency in the quarter prior to the measurement period, the MCE's response should include a description of the actions taken by the MCE to address the deficiency.**
CHP+ MCO, Medicaid MCO, RAE
During the reporting period, HCI did not experience a change in its network related to quality of care, competence, or professional conduct.

Table 5-CHP+ MCO Network Volume Changes and Notification: Discussion

If the MCE experienced at least a five percent (5%) increase or decrease in its network in a thirty (30) calendar day period, describe the change and answer the following questions: **Did the MCE notify the Department, in writing, within ten (10) business days of the change?** **Was the change due to a practitioner/practice site/entity's request to withdraw; was the change due to the MCE's activities to obtain or retain NCQA accreditation?** **Was the change due to a practitioner/practice site/entity's failure to receive credentialing or re-credentialing from the MCE?**
CHP+ MCO
N/A.

Inadequate Network Policies

Supporting contract reference: If the MCE fails to maintain an adequate network that provides Members with access to PCPs within a county in the MCE's Service Area, the Department may designate that county as a mixed county for the purpose of offering the option of an HMO or the State's self-funded network to eligible Members by providing the MCE a thirty (30) calendar day written notice.

Table 6-CHP+ MCO Inadequate Access to PCPs: Discussion

Did the MCE fail to maintain an adequate network that provides Members with access to PCPs within a county in the MCE's service area? If the MCE answered "yes", did the Department designate that county as a mixed county for the purpose of offering the option of an HMO or the State's self-funded network to eligible Members?
CHP+ MCO
N/A.

Table 7-CHP+ MCO Discontinue Services to an Entire County: Discussion

Did the MCE discontinue providing covered services to Members within an entire county within the MCE's service area? If the MCE answered "yes", did the MCE provide no less than sixty (60) calendar days prior written notice to the Department of the MCE's intent to discontinue such services?
CHP+ MCO
N/A.

Table 8-CHP+ MCO Provider Network Changes: Discussion

Did the MCE experience an unexpected or anticipated material change to the network or a network deficiency that could affect service delivery, availability, or capacity within the provider network? If the MCE answered "yes", did the MCE notify the Department, in writing, of the change?
CHP+ MCO
N/A.

Appointment Timeliness Standards

Supporting contract reference: The MCE shall provide coverage of emergency and non-urgent medical services. The MCE shall have written policies and procedures describing how Members can receive coverage of emergency services or urgently needed services while temporarily absent from the MCE's service area.

Table 9-Physical Health Appointment Timeliness Standards

Describe the method(s) used by the MCE to monitor its contract's timeliness requirements for Members' access to physical health services. Describe findings specific to the current reporting period.
CHP+ MCO, Medicaid MCO, RAE
Primary care providers are required to maintain established office/service hours and access to appointments for new and established Medicaid patients within seven (7) days of the request, and urgent access shall be available within twenty-four (24) hours from the initial identification of need. Practices audited in the previous reporting period and did not meet the availability standards are scheduled to receive a follow up audit to monitor their access, which are fifty-five (55%) percent of the audited practices.

Table 10-Behavioral Health Appointment Timeliness Standards

Describe the method(s) used by the MCE to monitor its contract's timeliness requirements for Members' access to behavioral health services. Describe findings specific to the current reporting period.
CHP+ MCO, RAE
Behavioral health providers are expected to maintain access to appointments with standards established by the State of Colorado. The standards indicate providers should have appointment availability for Members within seven (7) days of the request, and that urgent access is available within twenty-four (24) hours from the initial identification of need. Practices audited in the previous reporting period and did not meet the availability standards will receive a follow up audit to monitor their access. Of those contacted, nine (9) provider locations met all the standards (twenty-four (24%) percent of audited providers). This is a slight increase from the audit conducted in the previous reporting period where twenty-two (22%) percent of the audited practices met all the standards. Of those contacted, twelve (12) locations, thirty-two (32%) percent of practices reported availability within the standard for an established Member. The remaining twenty-five (25) provider locations, sixty-eight (68%) percent did not meet the standards.

5. Time and Distance Standards

Health Care Network Time and Distance Standards

Supporting contract reference: The MCE shall ensure that its network has a sufficient number of practitioners, practice sites, and entities who generate billable services within their zip code or within the maximum distance for their county classification. The MCE must use GeoAccess or a comparable service to measure the travel time and driving distance between where Members live and the physical location of the practitioners/practice sites/entities in the MCE's Region.

Enter time and distance compliance results (e.g., "Met" or "Not Met") in the MS Excel template. Use Tables 11, 12, and 13 for additional relevant information regarding the MCE's compliance with time and distance requirements. Geographic regions refer to the areas in which Members reside, as Members may travel outside their county of residence for care. For physical health time and distance requirements, MCEs are only required to report data for Members residing inside the MCE's contracted counties. For statewide behavioral health time and distance requirements, MCEs are required to report results for all Members regardless of county residence.

- CHP+ MCO defines "child Members" as 0 through the month in which the Member turns 19 years of age.
- CHP+ MCO defines "adult Members" as those over 19 years of age (beginning the month after the Member turned 19 years of age).
- Medicaid MCO and RAE define "child Members" as under 21 years of age.
- Medicaid MCOs and RAEs define "adult Members" as those 21 years of age or over.

There are two levels of primary care practitioners: primary practitioners that can bill as individuals (e.g., MDs, DOs, NPs, and CNS') and mid-level practitioners that cannot bill as individuals (e.g., PAs); each type of practitioner has its own row in the MS Excel template tabs for time/distance reporting.

A practitioner/practice site/entity should only be counted one time in the MCE's data submission; if a practitioner provides Adult and Pediatric Primary Care (and is not an OB/GYN), the MCE should count the practitioner one time under the Family Practitioner network category.

Table 11–Urban Health Care Network Time and Distance Standards: Discussion

Present detailed time/distance results for Members residing in Colorado's urban counties using the accompanying MS Excel workbook template. **List the specific urban counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for Members residing in urban Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
HCI has one (1) urban county, Pueblo, which is residence to the majority of HCI's membership. The requirement for an urban county is to have one hundred (100%) percent coverage of two (2) providers within thirty (30) miles or thirty (30) minutes. Physical Health HCI does not have one hundred (100%) percent coverage for Members within the time/distance requirement for any Network Categories. HCI conducted a GeoAccess analysis of the provider levels that do not meet one hundred (100%) percent of the standard and found that ninety-nine (99%) percent of the Members in Pueblo had coverage for: • Pediatric Primary Care (MD, DO, NP) • Family Practitioner (MD, DO, NP) • Family Practitioner PA • Gynecology, OB/GYN (MD, DO, NP) The following PCP provider types with zero (0%) percent coverage in Pueblo County: • Adult Primary Care (MD, DO, NP) • Adult Primary Care Mid-Level • Pediatric Primary Care Mid-Level • Gynecology, OB/GYN (PA) The reason that the network report has insufficient number of practitioners for adults is that most practitioners that serve adult patients start seeing Members at the age of eighteen (18) years. Based on Medicaid guidelines, a child Member is defined as under the age of twenty-one (21) years old. Based on the Network Category requirements, these practitioners can only be counted in the Family Practitioner network. Behavioral Health In Pueblo County, HCI has ninety-nine (99%) percent coverage within standards for all behavioral health categories with the exception of Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities (ninety-five (95%) percent) and Psychiatric Residential Treatment Facilities (zero (0%) percent). For the urban counties outside the region, the majority meet one hundred (100%) percent of the standard. The exception are Adams, Arapahoe, Clear Creek, El Paso, Elbert, and Weld Counties which have above ninety (90%) percent coverage for Adult Psychiatric and other Psychiatric Prescribers; Adult Substance Abuse Disorder Provider; Pediatric Psychiatric and other Psychiatric Prescribers; Pediatric Mental Health Provider,

and/or Pediatric Substance Abuse Disorder Provider. Should Members in these counties need additional provider options from those available, HCI will consider Single Case Agreements (SCAs) when appropriate. Access to psychiatric hospitals and residential treatment facilities within the required distance is a challenge for a large part of the HCI region. This will require work with HCPF and community partners to address.

Table 12–Rural Health Care Network Time and Distance Standards: Discussion

Present detailed time/distance results for Members residing in Colorado's rural counties using the accompanying MS Excel workbook template. **List the specific rural counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for Members residing in rural Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
HCI has nine (9) counties that qualify as rural counties, which are Alamosa, Chaffee, Conejos, Crowley, Fremont, Lake, Otero, Prowers, and Rio Grande. Rural counties require coverage of two (2) providers with the distance of forty-five (45) minutes or forty-five (45) miles for PCPs and sixty (60) minutes or sixty (60) miles for behavioral health providers. HCI met the time and distance requirement for a majority of the provider types in each rural county. Physical Health HCI meets one hundred (100%) percent coverage of Members within the time/distance for Family Practitioner (MD, DO, NP) for all nine (9) rural counties. The following counties met one hundred (100%) percent coverage by category: • Family Practitioner (PA): eight (8) of the nine (9) counties (exception is Prowers with ninety-nine (99%) percent coverage; • Pediatric Primary Care (MD, DO, NP): three (3) counties - Alamosa, Fremont, and Otero counties; • Gynecology, OB/GYN (MD, DO, NP): six (6) counties - Alamosa, Chaffee, Crowley, Fremont, Lake, and Otero. HCI conducted a GeoAccess analysis do not meet one hundred (100%) percent of the standard and are above ninety (90%) percent coverage: • Pediatric Primary Care (MD, DO, NP): ninety-nine (99%) percent coverage in Crowley, Prowers, and Rio Grande, and eighty-seven (87%) percent coverage in Conejos; • Family Practitioner (PA): ninety-nine (99%) percent coverage in Prowers County; • Gynecology, OB/GYN (MD, DO, NP): ninety-nine (99%) percent coverage in Prowers, ninety-three (93%) coverage in Rio Grande, and eighty-five (85%) coverage in Conejos. HCI has zero (0%) percent coverage in all nine (9) rural counties for Adult Primary Care (MD, DO, NP) and Mid-Level, Pediatric Primary Care Mid-Level, Gynecology, and OB/GYN (PA). Lake has zero (0%) percent coverage for Pediatric Primary Care (MD, DO, NP) with the standards. For Members that live in counties with levels of care not available near the Member, available providers with the following levels serve the Member's needs:

Family Practitioner (MD, DO, NP) and (PA), Pediatric Primary Care (MD, DO, NP), or Gynecology, OB/GYN (MD, DO, NP). If a Member needs services with providers outside of those available in the area, then HCI, through a Care Coordinator, connects the Member with the next closest available provider and assists the Member with transportation, if necessary.

Behavioral Health

HCI meets one hundred (100%) percent of standards for all its rural counties within the region, with the exception of Prowers for Pediatric Psychiatrists and Other Psychiatric Prescribers with ninety-eight (98%) percent coverage.

For counties outside the region, the majority meet one hundred (100%) percent of the standard. The exception are the following counties which have above ninety (90%) percent coverage:

- Adult Mental Health Provider – Grand;
- Adult Substance Abuse Disorder Provider –Eagle, Grand, and La Plata;
- Pediatric Mental Health Provider - Grand;
- Pediatric Psychiatrists and Other Psychiatric Prescribers - Grand;
- Pediatric Substance Abuse Disorder Provider - Grand.

The following counties outside of the region have coverage less than ninety (90%) percent:

- Adult Substance Abuse Disorder Provider – Archuleta, Garfield, and Routt;
- Pediatric Mental Health Provider - Garfield, Routt;
- Pediatric Psychiatrists and Other Psychiatric Prescribers - Archuleta, Garfield, La Plata, Montezuma, and Routt;
- Pediatric Substance Abuse Disorder Provider – Archuleta, Garfield, La Plata, and Routt.

Access to psychiatric hospitals and residential treatment facilities within the required distance is a challenge for a large part of the HCI region. This will require work with HCPF and community partners to address.

Table 13–Frontier Health Care Network Time and Distance Standards: Discussion

Present detailed time/distance results for Members residing in Colorado's frontier counties using the accompanying MS Excel workbook template. **List the specific frontier counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for Members residing in frontier Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
HCI has nine (9) frontier counties, which are Baca, Bent, Costilla, Custer, Huerfano, Kiowa, Las Animas, Mineral, and Saguache. Members residing in a frontier county require two (2) providers within sixty (60) minute or sixty (60) miles for a PCP, and ninety (90) minutes or ninety (90) miles for behavioral health providers. HCI met the time and distance requirement for a majority of the provider types in each frontier county. Physical Health HCI meets one hundred (100%) percent coverage of Members within the time/distance for Family Practitioner (MD, DO, NP) across all nine (9) frontier counties, and Family Practitioner (PA) in seven (7) counties (Bent, Costilla, Custer, Huerfano, Kiowa, Mineral, and Saguache). Additionally, six (6) counties met the Gynecology, OB/GYN (MD, DO, NP) (Bent, Costilla, Custer, Huerfano, Kiowa, and Saguache), and five (5) counties met the Pediatric Primary Care (MD, DO, NP) (Bent, Costilla, Custer, Huerfano, and Kiowa). HCI conducted a GeoAccess analysis of the coverage in counties that did not meet the full standard and found the following: • Pediatric Primary Care (MD, DO, NP): coverage of ninety-nine (99%) percent in Las Animas and Saguache, and seventy-two (72%) percent coverage in Baca; • Family Practitioner (PA): coverage of ninety-nine (99%) percent in Las Animas, and seventy-four (74%) percent coverage in Baca; • Gynecology, OB/GYN (MD, DO, NP) coverage of ninety-nine (99%) percent in Las Animas, seventy-five (75%) percent in Baca; • Gynecology, OB/GYN (PA) coverage of seventy- two (72%) percent in Saguache. HCI has zero (0%) percent coverage for Adult Primary Care (MD, DO, NP), Adult Primary Care Mid-Level, Gynecology, OB/GYN (PA), and Pediatric Primary Care Mid-Level across the rural counties. Additionally, HCI does not have sufficient Pediatric Primary Care (MD, DO, NP) in Mineral County. If a Member needs services with providers outside of those available in the area, then HCI, through a Care Coordinator, connects the Member with the next closest available provider and assists the Member with transportation, if necessary. There are a couple of reasons that explain the insufficient number of participations for adults and pediatric. First, most practitioners that serve adult patients start seeing Members at the age of eighteen (18) years. Medicaid guidelines defines a child Member as under the age of twenty-one (21) years old. Second, practitioners in rural and urban counties tend to serve all ages. The Network Category requirements counts

these practitioners only in the Family Practitioner network. As result, the majority of the practitioners in frontier counties are Family Practitioners.

Behavioral Health

For behavioral health network, the nine (9) frontier counties meet the time/distance and ratios requirement for all the Network Categories with the exception of Psychiatric Residential Treatment Facilities and Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities. HCI works with its statewide network facilities for placement when services are medically necessary and assists the Member to access the services with assistance for transportation.

The majority of the frontier counties outside the RAE Region 4 with HCI Members meet the access for all Network Categories with the exception of Psychiatric Residential Treatment Facilities and Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities. Members in Moffat do not have sufficient providers within the standard for Adult Substance Abuse Disorder Provider, Pediatric Psychiatrists, and Other Psychiatric Prescribers, Mental Health Providers, and Substance Abuse Disorder Providers. Should Members in these counties need additional provider options from those available, HCI will consider Single Case Agreements (SCAs) when appropriate.

Access to psychiatric hospitals and residential treatment facilities within the required distance is a challenge for a large part of the HCI region. This will require work with HCPF and community partners to address.

Appendix A. Single Case Agreements (SCAs)

Individual practitioners with single case agreements (SCAs) are not counted as part of the MCE's health care network and should be excluded from tabulations in the body of this MS Word report and the associated MS Excel report(s). However, the Department acknowledges the role of SCAs in mitigating potential network deficiencies and requests that the MCE use Tables A-1 and A-2 below to list individual practitioners with SCAs and describe the MCE's use for SCAs.

Table A-1-Practitioners with SCAs: Data

Individual SCA Practitioner	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description
Franklin Q. Smith	*0000000*	*Denver*	*PV050*	*Adult Primary Care*
CHP+ MCO, Medicaid MCO, RAE				
ADLER, ERIK	95833366	Summit	BV100	Psychiatrists
AYRES, NATALIE	94470341	El Paso	BV100	Psychiatrists
BECKER III, ROBERT	12573523	Pueblo	BV100	Psychiatrists
BLACKWELDER, KIMBERLY	9000162573	Pueblo	BV130	Licensed Clinical Social Workers (LCSWs)
BOWER, ALEC	9000144126	Fremont	BV100	Psychiatrists
BREWER, DAVID	9000149557	El Paso	BV100	Psychiatrists
BROWNING, BRENDON	75425009	El Paso	BV100	Psychiatrists
CALCAGNO, SCOTT	73830038	Pueblo	BV100	Psychiatrists
CARLSON, DAWN	22206205	Pueblo	BV100	Psychiatrists
CARSTEN, PATRICIA	9000179975	Mesa	BV132	Licensed Professional Counselors (LPCs)
CATON, TRACE	27273261	Pueblo	BV100	Psychiatrists
CHRISTENSEN, RYAN	20888350	El Paso	BV100	Psychiatrists
COOMBS, MELISSA	9000167504	Fremont	BV100	Psychiatrists
CROSWAITE BRINDLE, KHARA	57150257	Denver	BV132	Licensed Professional Counselors (LPCs)
DAVENPORT, CHIP	83739556	Jefferson	BV100	Psychiatrists
DAVIS, CHELSEA	9000168563	El Paso	BV132	Licensed Professional Counselors (LPCs)
DOBIN, JONATHAN	9000173467	Pueblo	BV100	Psychiatrists
DOUCETTE, MARC	89476352	Summit	BV100	Psychiatrists
DSCHAAK, TYLER	9000175947	Pueblo	BV100	Psychiatrists
DUNNAM-SMITH, GINGER	48605301	Huerfano	BV100	Psychiatrists
ELLIAS, JEREMIAH	53351771	Pueblo	BV100	Psychiatrists

Individual SCA Practitioner	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description
FESTA, NICOLE	9000166266	Adams	BV080	Licensed Addiction Counselors (LACs)
FISHER, BIRGIT	9000163468	Pueblo	BV120	Psychologists (PhD, PsyD) - General
GEIGER, SCOTT	59453516	Pueblo	BV100	Psychiatrists
GROSSMAN, SAMUEL	9000182404	Pueblo	BV100	Psychiatrists
HAAK, KRISTOPH	9000174420	Pueblo	BV100	Psychiatrists
HAKKARINEN, DAVID	99783738	El Paso	BV100	Psychiatrists
HALLE, TREVOR	9000175104	Pueblo	BV100	Psychiatrists
HIBBS, NATHANIEL	06584501	Douglas	BV100	Psychiatrists
HILTON, LEVI	44977042	El Paso	BV100	Psychiatrists
HONIG, BENJAMIN	9000174107	Pueblo	BV100	Psychiatrists
HOSLER, GREG	91587760	Fremont	BV100	Psychiatrists
HURTADO, TIMOTHY	24525006	El Paso	BV100	Psychiatrists
JARAMILLO-FORD, CARLA	01631357	El Paso	BV103	Psychiatric CNS - General
KEATOR, LEILANI	14924323	El Paso	BV131	Licensed Marriage & Family Therapists (LMFTs)
KELLER, TYLER	9000148188	Pueblo	BV100	Psychiatrists
LINS JR, ROBERT	72224843	Fremont	BV100	Psychiatrists
LYONS, CASEY	9000174813	Fremont	BV100	Psychiatrists
MANDRELL, MICHAEL	9000148178	Pueblo	BV100	Psychiatrists
MANN, SARA	9000160764	Pueblo	BV132	Licensed Professional Counselors (LPCs)
MARUSKA, MICHAEL	9000166469	Pueblo	BV100	Psychiatrists
MCCORMICK, JILL	9000172573	El Paso	BV130	Licensed Clinical Social Workers (LCSWs)
MCISAAC, EMILY	96426039	Pueblo	BV100	Psychiatrists
MIGOYA, ERIC	9000175904	Pueblo	BV100	Psychiatrists
MORAN, KATHLEEN	49422014	Jefferson	BV100	Psychiatrists
NARVESON, KRISTIAN	15675335	Pueblo	BV100	Psychiatrists
NUMSEN, PAUL	39785327	Fremont	BV100	Psychiatrists
OLSON, ANNA	89786211	Pueblo	BV100	Psychiatrists
PALLINI, MICHAEL	9000174196	Pueblo	BV100	Psychiatrists
PATRICK JR, DONALD	97224286	Pueblo	BV100	Psychiatrists
PEARCE, TYLER	70983763	Pueblo	BV100	Psychiatrists
RANDALL, KAREN	9000108299	Pueblo	BV100	Psychiatrists

Individual SCA Practitioner	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description
RICKARD, JEFFREY	92584268	Jefferson	BV100	Psychiatrists
ROBERTS, BRAD	72722801	Pueblo	BV100	Psychiatrists
ROCKLER, KENDALL	9000162728	Pueblo	BV100	Psychiatrists
RODGERS, MATTHEW	9000174201	Pueblo	BV100	Psychiatrists
ROSS, JUSTIN	9000178920	Pueblo	BV100	Psychiatrists
RUSSO, MARY	9000148567	Pueblo	BV100	Psychiatrists
SANDBERG, KELLY	34834320	El Paso	BV102	Psychiatric NPs
SANDERS, LINDA	9000161282	Fremont	BV100	Psychiatrists
SEIFERD, IDA	23371218	Fremont	BV130	Licensed Clinical Social Workers (LCSWs)
SKEWES, ELIZABETH	61753734	Pueblo	BV100	Psychiatrists
SOOCH, YADAVINDER	84683848	El Paso	BV100	Psychiatrists
SOTO, MARIO	9000166514	Fremont	BV100	Psychiatrists
TAYLOR, MARY	9000177840	El Paso	BV130	Licensed Clinical Social Workers (LCSWs)
THACKER, GREGORY	9000120890	El Paso	BV100	Psychiatrists
VARALLO, TIMOTHY	59972777	Pueblo	BV100	Psychiatrists
VESSEY, JILL	82373817	El Paso	BV100	Psychiatrists
WEST, JENNIFER	9000175002	El Paso	BV100	Psychiatrists
WHITNEY, MARY	83401563	Pueblo	BV100	Psychiatrists
WILSON, DAVID	97400556	Pueblo	BV100	Psychiatrists
WISNIEWSKI, MICHAEL	67372279	Jefferson	BV100	Psychiatrists
YOUNGA, JASON	9000149655	Fremont	BV100	Psychiatrists

Table A-2-Practitioners with SCAs: Discussion

Describe the MCE's approach to expanding access to care for Members with the use of SCAs. Describe the methods used to upgrade practitioners with SCAs to fully contracted network practitioners.
CHP+ MCO, Medicaid MCO, RAE
Out-of-network providers are able to request SCAs to render service for HCI Members for the purpose of continuity of care or specialty services that are not available through the current network. All but seven (7) of the providers who received SCAs during the reporting period are part of an Emergency Department (ED) or an inpatient episode where choice of network providers may be limited due to hospital privileges. Of those, two (2) providers completed their credentialing during the reporting period, Birgit Fisher and Sara Mann, and two (2) providers are completing the process and a dedicated HCI staff member is assisting them with the process. They are Kimberly Blackwelder and Ida Seiferd. Please reference Table 2B for details.

Appendix B. Optional MCE Content

This optional appendix may contain additional information, graphs, or maps that the MCE would like to include in its quarterly report.

Instructions for Appendices

To add an image:

- Go to “Insert” and click on “Pictures”.
- Select jpg file and click “Insert”.

To add an additional Appendix:

- Go to “Layout” and click on “Breaks”.
- Select “Next Page” and a new page will be created.
- Go to “Home” and select “HSAG Heading 6”.
- Type “Appendix C.” and a descriptive title for the appendix.
- Select the Table of Contents and hit F9 to refresh.

Optional MCE Content

Free text

Appendix C. Optional MCE Content

This optional appendix may contain additional information, graphs, or maps that the MCE would like to include in its quarterly report.