COLORADO
Department of Health Care
Policy & Financing

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 *10/29/2021*, covering the MCE's network from *07/01/2021 – 09/30/2021*, FY22 Q1

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1. Instructions for Using the Network Adequacy Quarterly Report Template

This document contains the September 2021 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, or 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 (September 2021 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 Quarter Reported	Quarterly Reporting Deadline for HCPF	Reporting Date for Member and Network Files
FY 2021-22 Q1	October 2021	September 30, 2021
FY 2021-22 Q2	January 2022	December 31, 2021
FY 2021-22 Q3	April 2022	March 31, 2022
FY 2021-22 Q4	July 2022	June 30, 2022

Definitions

- "MS Word template" refers to the *CO Network Adequacy_Quarterly Report Word Template_F1_0921* document.
- "MS Word MCE Data Requirements" refers to the *CO Network Adequacy_MCE_DataRequirements_F1_0921* document that contains instructions for each MCE's quarterly submission of member and network data.
- "MS Excel Geoaccess Compliance template" refers to the *CO<20##-##>_NAV_FY <####> Q<#> QuarterlyReport_GeoaccessCompliance_<MCE Type>_<MCE Name>* 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 *(RAEs' network categories include Substance Use Disorder [SUD] treatment coverage that went into effect on 1/1/2021)*	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

<u>Supporting contract reference:</u> 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., September 30, 2021, for the quarterly report due to the Department on October 29, 2021).
- 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., September 30, 2021, for the quarterly report due to the Department on October 29, 2021).
  - 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	141,269	N/A	143,848	N/A
Total primary care practitioners (i.e., PROVCAT codes beginning with "PV" or "PG")	501	N/A	514	N/A
Primary care practitioners accepting new members	494	98.8%	507	98.6%
Primary care practitioners offering after-hours appointments	162	32.3%	165	32.1%
New primary care practitioners contracted during the quarter	4	0.8%	22	4.3%
Primary care practitioners that closed or left the MCE's network during the quarter	13	2.6%	9	1.8%

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. Describe how the MCE ensures members' access to family planning services offered by any appropriate physical health practitioner, practice group, or entity. 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) works to ensure that Primary Care Medical Provider (PCMP) network has a sufficient number of providers to serve members based on the maximum distance for county classification.

During the reporting period, HCI met time and distance standards for the majority of the membership during the reporting period but continue to see a very low number of obstetricians and gynecologists providers that serve as primary care providers. HCI had the following changes in the network:

- San Luis Valley Community Mental Health Center affiliated into the network in July 2021
- SOCO Primary Care Clinic affiliated in July 2021
- Summit Primary Care in Pueblo affiliated into the network in August 2021
- PCMP location 704 Edwards Avenue in Westcliffe transitioned from West Custer County to Salida Hospital District
- Heart of the Rockies added two (2) locations, one in Salida and another in Saguache in September 2021
- Summit Community Care Clinic contracted and affiliated into the network in September 2021
- Catholic Health Initiatives (Centura) affiliated a PCMP Provider ID 9000166853 for the RHC location 1338 Phay Avenue in Canon City. However, the current clinic/group Provider IDs were de-affiliated with the intention of all services going through the RHC Provider ID. As a result, there was no impact to network access.

As reported in previous reports, HCI remains at ninety-nine (99%) percent coverage in Pueblo County despite its continued network expansion. Pueblo County, although it has an urban designation, has territories that are more rural where a practitioner is not within thirty (30) miles/thirty (30) minute radius. Since the majority of the practitioners are in the city of Pueblo, Medicaid members residing on the southern border of the county (which would more accurately define as a rural community than urban) have limited practitioners within a thirty (30) mile radius. In those areas, there are no available Primary Care Practitioners to meet the requirement. As a result, one (1%) percent of HCI members residing in Pueblo County do not have two (2) providers within the time and distance standard.

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. **Describe how the MCE ensures members' access to family planning services offered by any appropriate physical health practitioner, practice group, or entity.** **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
For Primary Care Practitioners that offer gynecology services within the time/distance standard, HCI had no changes during the reporting period. This is due to limited number of available PCMPs that offer this specialty within rural and frontier counties. Obstetricians and gynecologists in HCI's counties generally do not perform primary care services including those that are part of contracted organizations such as Catholic Health Initiatives (Centura). The PCMPs refer to obstetricians and gynecologists as a specialty, not as part of primary care. Therefore, the primary care network does not reflect these practitioners within the region. HCI maintained the number of PCMP practices which offer telehealth services from previous quarter. HCI has one-hundred and two (102) PCMP practice locations offering telehealth services in some capacity. HCI is utilizing PowerBI as a tool to analyze claims data for both physical and behavioral health services rendered through telehealth. Overall, the utilization of telehealth has stabilized in the previous two (2) quarters. HCI will extrapolate telehealth utilization in primary care settings for wellness versus acute services. Findings of the analysis will be shared in future reports. Due to the data collected and provided on the file *R4_Network_INDIV_20211029* being limited to the practice level and not at the individual level, the capacity field for the individual provider is blank, thus limiting this report.

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	141,269	N/A	143,848	N/A
Total behavioral health practitioners (i.e., PROVCAT codes beginning with "BV" or "BG")	1,911	N/A	3,097	N/A
Behavioral health practitioners accepting new members	1,911	100%	3,097	100%
Behavioral health practitioners offering after-hours appointments	547	28.6%	988	31.9%

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
New behavioral health practitioners contracted during the quarter	120	6.3%	1,385	44.7%
Behavioral health practitioners that closed or left the MCE's network during the quarter	132	6.9%	197	6.3%

Table 2B–Establishing and Maintaining the MCE Network: Substance Use Disorder (SUD) Treatment Facilities

Requirement	Previous Quarter	Current Quarter
	Number	Number
Sample	*0*	*0*
RAE		
Total SUD treatment facilities offering American Society of Addiction Medicine (ASAM) Level 3.1 services	11	18
Total beds in SUD treatment facilities offering ASAM Level 3.1 services	100	353
Total SUD treatment facilities offering ASAM Level 3.3 services	0	0
Total beds in SUD treatment facilities offering ASAM Level 3.3 services	0	0
Total SUD treatment facilities offering ASAM Level 3.5 services	15	22
Total beds in SUD treatment facilities offering ASAM Level 3.5 services	360	617
Total SUD treatment facilities offering ASAM Level 3.7 services	7	13
Total beds in SUD treatment facilities offering ASAM Level 3.7 services	203	444
Total SUD treatment facilities offering ASAM Level 3.2 WM (Withdrawal Management)	11	13
Total beds in SUD treatment facilities offering ASAM Level 3.2 WM services	191	239
Total SUD treatment facilities offering ASAM Level 3.7 WM services	5	5
Total beds in SUD treatment facilities offering ASAM Level 3.7 WM services	195	195

Table 2C–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.** **For RAEs, describe any barriers to incorporating the ASAM levels of care for the SUD treatment practitioners, practice sites, and entities. Describe the methods used to monitor the available SUD treatment bed at each ASAM level.**
CHP+ MCO, Medicaid MCO, RAE
HCI saw a change in the number of behavioral health practitioners from 1,911 to 3,097, which is an increase of 1,186 from the previous reporting period. In the final quarters of the previous fiscal year, HCI conducted targeted outreach to facilities to submit information of their staff providers. HCI focused on CMHCs outside HCI's nineteen (19) counties after identifying that they had not reported their staff providers recently. As a result, HCI's outreach encouraged facilities to submit staff practitioner updates. Due to the timing and processing of the submissions, the changes are reflected in this quarterly report which resulted in a notable increase of practitioners. HCI will continue targeted educational efforts to ensure accurate and updated provider information. The changes in the practitioner data did not significantly impact the GeoAccess within the region as the data changes were facilities outside the region. *Mental health Services:* HCI maintained a network of providers across the region in number and type of behavioral health practitioners to assure that all covered services are accessible to members. HCI primarily has rural and frontier regions that met ninety-nine (99%) percent to one-hundred (100%) percent access to care standards in all provider categories across the HCI region. HCI is monitoring changes in services in the region to ensure HCI members have access to those services. These changes include: • San Luis Valley Behavioral Health Group opened a new service location in Costilla County which is pending Medicaid enrollment to complete credentialing and incorporated into the network adequacy report. • Solvista Health is slated to open a six (6) bed residential facility in Spring of 2022, which is a delay from originally reporting Fall 2021 opening. Telehealth services continue to provide an important part of the network to ensure access and member choice. During the reporting period, seventy-seven (77) individual behavioral health providers reported offering telehealth services. This is a twenty (20%) percent increase of individual behavioral health providers offering the services from the previous report. Additionally, twenty-three (23%) percent of the units paid in the last quarter were for telehealth services. This has remained fairly consistent in the last twelve (12) months.

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.** **For RAEs, describe any barriers to incorporating the ASAM levels of care for the SUD treatment practitioners, practice sites, and entities. Describe the methods used to monitor the available SUD treatment bed at each ASAM level.**
CHP+ MCO, Medicaid MCO, RAE
SUD Services: During the reporting period, HCI continued efforts on recruiting, contracting, and credentialing providers for the SUD benefit expansion that was effective on January 1, 2021. Within the region, there are six (6) SUD treatment providers, which has not changed from previous reports. The SUD treatment providers in the region are: • HCI partners Health Solutions and Southeast Health Group, • Crossroads Turning Point with multiple contracted locations in Pueblo and Alamosa Counties, • Resada, located in Bent County, and • Advantage Treatment Center, located in Alamosa and Bent Counties. HCI has a statewide network of providers for all ASAM levels of care with the exception of residential substance use disorder treatment delivered to those suffering from cognitive impairments (ASAM level 3.3) due to the lack of licensed facilities in the region. Outreach efforts to contract with the two (2) available facilities offering ASAM level 3.3 in the state of Colorado have yielded no response as of this report; efforts will continue. Of the contracted providers, twenty-one (21) providers with forty-two (42) service locations completed their credentialing by the end of the reporting period and were included in the file *Network_FAC* and *GeoAccess Compliance*. Network staff continue to support remaining facilities (Valley Hope Association, and Denver Health Hospital Authority) with their completion of credentialing applications to join the network. An additional four (4) facilities continue their contract discussions: CeDAR, Northpointe Colorado, SummitStone Health Partners, and West Pines Behavioral Health. The overall lack of sufficient SUD treatment facilities across all ASAM levels located within the region, which affects the ability to meet the standard. HCI coordinates SUD services through its statewide network of facilities to ensure members receive needed treatment.

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 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, describe the change and state whether the MCE notified the Department, in writing, within five (5) business days of the change. Note: If the MCE experienced 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 during the quarter prior to the measurement period, the MCE's response should include a description of the actions taken by the MCE during the current measurement period to address the deficiency.
CHP+ MCO, Medicaid MCO, RAE
HCI has no changes in its network related to quality of care, competence, or professional conduct during reporting period.

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 ensure its network is sufficient so that services are provided to members on a timely basis.

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 both new and established Health First Colorado members within seven (7) days of request, and urgent access shall be available within twenty-four (24) hours from the initial identification of need. In this reporting period, HCI updated its auditing process. Improvements to the process include changes to the outreach process as well as changes to the questions being asked in the audit. The new process includes additional outreach methods, giving the providers more opportunities to reply to the survey. The first outreach to providers is done via telephone and if necessary the second outreach via email. If no response is received after two (2) outreach attempts, HCI conducted research online to find additional contact information for providers. Twenty-eight (28) practices were audited for availability standards. Of the twenty-eight (28) practice locations audited, seven (7) failed all questions because they did not respond to the audit. Of the twenty-one (21) locations that did respond here are the results of their audit: • One-hundred (100%) percent (or twenty-one (21) locations) that responded offer same-day appointments. • Eighty-six (86%) percent (or eighteen (18) locations) reported availability within standard for a new Health First Colorado member. • Eighty-six (86%) percent (or eighteen (18) locations) reported availability within standards for an established Health First Colorado member. • Eighty-one (81%) percent (or seventeen (17) locations) met all the standards. For the providers who did not meet the standards and the seven (7) that did not respond, HCI will continue to monitor with a follow-up audit within ninety (90) days. Utilizing additional online research for contact information for those practices such as appointment phone numbers, email addresses, or any other modes of contact the provider offers to members; and if necessary, the practice will receive a corrective action plan. HCI will continue to monitor any practices who do not meet the standards with a follow-up audit within ninety (90) days, and if necessary, the practice will receive a corrective action plan.

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 dictate providers should have appointment availability for members within seven (7) days of request; and that urgent access is available within twenty-four (24) hours from the initial identification of need. Twenty (20) providers audited via phone surveys in the previous reporting period that did not meet the availability standards will be subject to a follow-up audit within ninety (90) days to monitor their access. Of those, five (5) practices did not respond. Of the fifteen (15) practices who responded the results were as follows: • Eighty (80%) percent (or twelve (12) providers) that responded offer same-day appointments. • Sixty (60%) percent (or nine (9) providers) reported availability within standard for a new Health First Colorado member. • Ninety-three (93%) percent (or fourteen (14) providers) reported availability within standards for an established Health First Colorado member. • Sixty (60%) percent (or nine (9) providers) met all the standards. For the providers who did not meet the standards and the five (5) providers that did not respond to the audit, HCI will continue to monitor with a follow-up audit within ninety (90) days. HCI will utilize additional online research for contact information for those practices such as appointment phone numbers, email addresses, or any other modes of contact the provider offers to members; and if necessary, the practice will receive a corrective action plan. Providers continue to report full caseloads, while some providers report they are able to provide an appointment within seven (7) days as they utilize telehealth. The percentage increase in availability for new appointments is encouraging; providers have full caseloads and are working to meet the requirement. HCI is offering ongoing education on the access standards and the impact on members' quality of care due to access. HCI is utilizing various methods including the newsletter, Behavioral Health Roundtables, and direct contact with providers to educate on the requirements for those providers who do not meet the requirement.

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 in its contracted counties, including region-specific contracted counties for RAEs’ behavioral health networks. 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 compliance with minimum time and distance requirements for members residing inside the MCE’s contracted counties. For statewide behavioral health time and distance requirements, MCEs are required to report compliance with minimum time and distance requirements 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 for each associated network category (PROVCAT code). If a practitioner provides primary care for adult and pediatric members at a specific location, count the practitioner once under the Adult Primary Care Practitioner PROVCAT code, once under the Pediatric Primary Care Practitioner PROVCAT code, and once under the Family Practitioner PROVCAT code. For example, a primary care nurse practitioner (NP) that serves adult and pediatric members can be categorized with the PV063, PV064, and PV065 PROVCAT codes. That practitioner will then be counted for the minimum network standards for pediatric primary care practitioner (NP) (PV064 and PV065); adult primary care practitioner (NP) (PV063 and PV064); and family practitioner (NP) (PV064).

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 contracted 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 its contracted 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 the residence of 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.

Mental Health Services

In Pueblo County, HCI had ninety-nine (99%) percent coverage within standards for Psychiatrist and other Psychiatric Prescribers as well as Behavioral Health for all ages. HCI had ninety-five (95%) percent coverage for Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities. This is consistent with the results of previous quarterly report.

SUD Services

HCI maintained ninety-nine (99%) percent coverage for SUD Treatment Practitioners for all ages. HCI maintained ninety-eight (98%) percent access in Pueblo County in the following SUD services:

- Clinically Managed Low-Intensity Residential Services (ASAM level 3.1)
- Clinically Managed High-Intensity Residential Services (ASAM level 3.5)
- Clinically Managed Residential Withdrawal Management (ASAM level 3.2WM)
- Medically Monitored Intensive Inpatient Services (ASAM level 3.7)

HCI had zero (0%) percent coverage for Clinically Managed Population-Specific High-Intensity Residential Services (ASAM level 3.3) and Medically Monitored Inpatient Withdrawal Management (ASAM level 3.7WM) due to lack of providers that have the license level within the standard time and distance.

Physical Health

Although HCI has added PCMPs located in Pueblo to the network, HCI has not been able to reach one-hundred (100%) percent coverage for members within the time/distance requirement for any network categories. HCI conducted a GeoAccess analysis and found that almost one-hundred (99.8% to 99.9%) percent of the members in Pueblo had coverage in all categories. The exception was Gynecology, OB/GYN (PA) acting as PCMP with zero (0%) percent coverage. HCI has not been able to find Physician Assistants (PA) in the county that serve as primary care with Gynecology, OB/GYN specialty in the area. This is consistent with the results of previous quarterly report.

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 contracted 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 its contracted 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, including 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 PCMPs 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.

Mental Health ServicesHCI met one-hundred (100%) percent of standards for all its rural counties within the region for Behavioral Health as well as Psychiatrists and other Psychiatric Prescribers for all ages. HCI did not meet access to Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities.

SUD Services
HCI met access standards for SUD Treatment Practitioner for all ages. HCI maintained access to care for SUD higher of level services within the region:

- Clinically Managed Low-Intensity Residential Services (ASAM level 3.1)
  - One-hundred (100%) percent in Crowley and Otero Counties
  - Ninety-four (94%) percent in Fremont County
  - Seventy-eight (78%) percent in Prowers County
  - Zero (0%) percent in Alamosa, Chaffee, Conejos, Lake, and Rio Grande Counties
- Clinically Managed Population-Specific High-Intensity Residential Services (ASAM level 3.3)
  - Zero (0%) percent across the frontier counties due to no licensed facilities.
- Clinically Managed High-Intensity Residential Services (ASAM level 3.5)
  - One-hundred (100%) percent in Alamosa, Conejos, Prowers and Rio Grande
  - Ninety-eight (98%) percent in Crowley County
  - Ninety-four (94%) percent in Fremont County
  - Ninety-one (91%) percent in Otero County
  - Zero (0%) percent in Chaffee and Lake Counties
- Medically Monitored Intensive Inpatient Services (ASAM level 3.7)
  - Ninety-seven (97%) percent in Crowley County
  - Ninety-four (94%) percent in Fremont County
  - Forty (40%) percent in Otero County
  - Zero (0%) percent in Alamosa, Chaffee, Conejos, Lake, Prowers, and Rio Grande Counties
- Clinically Managed Residential Withdrawal Management (ASAM level 3.2WM)
  - One-hundred (100%) percent in Alamosa, Conejos, Crowley, Otero, and Rio Grande
  - Ninety-seven (97%) percent in Fremont County
  - Seventy-eight (78%) percent in Prowers County
  - Zero (0%) percent in Chaffee and Lake County

- Medically Monitored Inpatient Withdrawal Management (ASAM level 3.7WM)
  - Zero (0%) percent across the frontier counties due to no licensed facilities that cover the time/distance for the region.

Physical Health

HCI had a strong physical health network during the reporting in the rural counties with one-hundred (100%) percent coverage of members within the time/distance for:

- Adult Primary Care (MD, DO, NP)
- Family Practitioner (MD, DO, NP)
- Pediatric Primary Care (MD, DO, NP)

Additionally, eight (8) of the nine (9) counties had one-hundred (100%) percent coverage of members within the time/distance (Alamosa, Chaffee, Conejos, Crowley, Fremont, Lake, Otero, and Rio Grande) for:

- Adult Primary Care (PA)
- Family Practitioner (PA)
- Pediatric Primary Care (PA)

The exception was Prowers County which had these provider types at ninety-nine (99%) percent coverage.

HCI had respectable access for Gynecology, OB/GYN (MD, DO, NP) by county, including one-hundred (100%) percent coverage in Alamosa, Chaffee, Crowley, Fremont, Lake, and Otero; ninety-nine (99%) percent coverage in Prowers; ninety-three (93%) coverage in Rio Grande, and eighty-five (85%) coverage in Conejos County. However, for Gynecology, OB/GYN (PA), HCI had zero (0%) percent coverage in all rural counties.

If fewer than two (2) providers exist in a particular area, standards for member choice/proximity to providers are not required.

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 contracted 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 its contracted 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. Standards for members residing in a frontier county require two (2) providers within sixty (60) minutes or sixty (60) miles for a PCMP, 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.

Mental Health Services

HCI met one-hundred (100%) percent of standards for all its frontier counties within the region for Behavioral Health as well as Psychiatrists and other Psychiatric Prescribers for all ages. HCI did not meet access to Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities.

SUD Services

HCI met access standards for SUD Treatment Practitioner for all ages. HCI maintained access to care for SUD higher of level services within the region:

- Clinically Managed Low-Intensity Residential Services (ASAM level 3.1)
  - One-hundred (100%) percent in Bent, Custer, and Huerfano Counties
  - Ninety-seven (97%) percent in Las Animas County
  - Ninety (90%) percent in Kiowa County
  - Sixty-six (66%) percent in Baca County
  - Less than fifty (50%) percent to zero (0%) percent in Costilla, Mineral, and Saguache Counties.
- Clinically Managed Population-Specific High-Intensity Residential Services (ASAM level 3.3)
  - Zero (0%) percent across the frontier counties due to no licensed facilities.
- Clinically Managed High-Intensity Residential Services (ASAM level 3.5)
  - One-hundred (100%) percent in Baca, Bent, Costilla, Custer, Huerfano, Kiowa, and Mineral Counties.
  - Ninety-nine (99%) percent in Las Animas and Saguache County
- Medically Monitored Intensive Inpatient Services (ASAM level 3.7)
  - One-hundred (100%) percent in Custer and Huerfano Counties
  - Ninety-seven (97%) percent in Las Animas County
  - Seventy-nine (79%) percent in Bent County
  - Less than fifty (50%) percent to zero (0%) percent in Baca, Costilla, Kiowa, Mineral, and Saguache Counties.
- Clinically Managed Residential Withdrawal Management (ASAM level 3.2WM)
  - One-hundred (100%) percent in Bent, Costilla, Custer, Huerfano, Las Animas, and Mineral Counties.
  - Ninety-nine (99%) percent in Saguache County
  - Ninety (90%) percent in Kiowa County
  - Sixty-six (66%) percent in Baca County
- Medically Monitored Inpatient Withdrawal Management (ASAM level 3.7WM)
  - Zero (0%) percent across the frontier counties due to no licensed facilities that cover the time/distance for the region.

Physical Health

HCI had a strong physical health network during the reporting in the frontier counties with one-hundred (100%) percent coverage of members within the time/distance for:

- Adult Primary Care (MD, DO, NP)
- Adult Primary Care (PA)
- Family Practitioner (MD, DO, NP)
- Pediatric Primary Care (MD, DO, NP)
- Pediatric Primary Care (PA)

For Family Practitioner (PA), HCI had had one-hundred (100%) percent coverage of members in Bent, Costilla, Custer, Huerfano, Mineral, and Saguache Counties; ninety-nine (99%) percent coverage in Kiowa and Las Animas; and seventy-six (76%) percent coverage in Baca County.

For Gynecology, OB/GYN (MD, DO, NP), HCI had one-hundred (100%) percent coverage of members in Bent, Costilla, Custer, Huerfano, and Saguache Counties; ninety-nine (99%) percent coverage in Kiowa and Las Animas; seventy-eight (78%) percent coverage in Baca County; and sixty-two (62%) percent in Mineral County. However, for Gynecology, OB/GYN (PA), HCI had zero (0%) percent coverage in all frontier counties, except Saguache which had seventy-four (94%) percent coverage.

If fewer than two (2) providers exist in a particular area, standards for member choice/proximity to providers are not required.

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 or SUD treatment facilities with SCAs and describe the MCE's use of SCAs.

Table A-1–Practitioners and SUD Treatment Facilities with SCAs: Data

SCA Practitioners or SUD Treatment Facilities	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description (include ASAM levels for SUD treatment facilities)	Number of Members Served by SCA
Franklin Q. Smith	*0000000*	*Denver*	*PV050*	*Adult Only Primary Care*	█
Chrysalis Behavioral Health	*0000000*	*Baca*	*BF085*	*SUD Treatment Facility, ASAM Levels 3.1 and 3.3*	█
CHP+ MCO, Medicaid MCO, RAE					
ALLEN, JOANNE	9000164415	El Paso	BV132	Licensed Professional Counselors (LPCs)	█
ASHBY, ERIN	82084858	Pueblo	BV120	Psychologists (PhD, PsyD) - General	█
BROWN-ALFORD, MICHELLE	29179564	Arapahoe	BV132	Licensed Professional Counselors (LPCs)	█
GALASKA, DEBORAH	47233877	El Paso	BV120	Psychologists (PhD, PsyD) - General	█
GERLOCK, CRYSTAL	9000191638	Pueblo	BV130	Licensed Clinical Social Workers (LCSWs)	█
HUMES, KENDAL	9000159112	Alamosa	BV132	Licensed Professional Counselors (LPCs)	█
KUIK, DENNIS	9000176514	El Paso	BV130	Licensed Clinical Social Workers (LCSWs)	█
LOHMEYER, BAILEY	9000152659	El Paso	BV132	Licensed Professional Counselors (LPCs)	█
MYERS, CAROL	47510501	El Paso	BV132	Licensed Professional Counselors (LPCs)	█
SAMARO, STACEY	9000186377	Pueblo	BV120	Psychologists (PhD, PsyD) - General	█
SEIFERD, IDA	23371218	Fremont	BV130	Licensed Clinical Social Workers (LCSWs)	█
LUTHERAN MEDICAL CENTER	98851365	Jefferson	BF085	ASAM Level 3.7 WM	█

SCA Practitioners or SUD Treatment Facilities	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description (include ASAM levels for SUD treatment facilities)	Number of Members Served by SCA
SUMMITSTONE HEALTH PARTNERS	9000190608	Larimer	BF085	ASAM Level 3.5	█
COLORADO NORTHPOINTE	9000190963	Larimer	BF085	ASAM Level 3.7 WM	█

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
During the reporting period, eleven (11) individual providers and three (3) facilities received Single Case Agreements (SCAs). Out-of-network providers can request SCAs to render services for the purpose of continuity of care or specialty services that are not available through the current network. ➢ Two (2) completed their credentialing during the reporting period: Bailey Lohmeyer and Stacey Samaro. ➢ Seven (7) are in the process of contracting or credentialing, including providers identified in the previous report as potential recruitment due to the volume of members they have seen through SCAs. ➢ Two (2) providers were being monitored for a number of SCAs to identify if they are appropriate for recruitment. HCI continues to assist SUD providers to contract and complete credentialing which has resulted in reduced volume of SCAs quarter over quarter. The three (3) SUD providers listed on the report are negotiating their contracts or amendments to add the level of care. SummitStone Health Partners has signed a contract to add ASAM 3.5 and pending completion of their credentialing. HCI is negotiating contracts with Colorado Northpointe and Lutheran Medical Center (West Pines). These facilities continue to request SCAs to serve ongoing or new members during this process.

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

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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.