Network Adequacy Quarterly Report Template

Managed Care Entity: *Health Colorado, Inc.*

Line of Business: *RAE*

Contract Number: *19-107515*

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Report Submitted by: *Alma Mejorado*

Report Submitted on: October 31, 2023

Report due by *10/31/2023* covering the MCE's network from *07/01/2023– 09/30/2023*, FY*24* Q*1*

—Final Copy: September 2023 Release—

Contents

1. Instructions for Using the Network Adequacy Quarterly Report Template

This document contains the September 2023 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 2023 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 2023-24 Q1	October 2023	September 30, 2023
FY 2023-24 Q2	January 2024	December 31, 2023
FY 2023-24 Q3	April 2024	March 31, 2024
FY 2023-24 Q4	July 2024	June 30, 2024

Definitions

- "MS Word template" refers to the *CO Network Adequacy_Quarterly Report Word Template_F1_0923* document.
- "MS Word MCE Data Requirements" refers to the *CO Network Adequacy_MCE_DataRequirements_F1_0923* 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, 2023, for the quarterly report due to the Department on October 30, 2023).
- 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, 2023, for the quarterly report due to the Department on October 30, 2023).
  - 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	154,289	N/A	141,898	N/A
Total primary care practitioners (i.e., PROVCAT codes beginning with "PV" or "PG")	488	N/A	525	N/A
Primary care practitioners accepting new members	481	98.5%	518	98.7%
Primary care practitioners offering after-hours appointments	161	33.0%	166	31.6%
New primary care practitioners contracted during the quarter	4	.82%	57	10.8%
Primary care practitioners that closed or left the MCE's network during the quarter	9	1.8%	19	3.6%

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) has a network of Primary Care Medical Providers (PCMP) that contains a sufficient number of providers to serve members based on the maximum distance for county classification. HCI meets time/distance standards for most of the provider types across the region. During the previous fiscal year, HCI reported concerns with meeting access for our pediatric population; however, that has been addressed as providers in the network serve all age groups.

During Q1 of FY23-24, HCI outreached four PCMP practices within the region for recruitment and started the contracting process with the following three: Omnicare in Pueblo, TeleMed Nightingales in Trinidad, and Unity Care PLLC in Pueblo. HCI will continue to work with the PCMPs to successfully bring them into the network.

HCI does face barriers in reaching full access for time/distance standards for PCMPs in Pueblo County and for family practitioners in Prowers, Baca, and Las Animas Counties. Members can access services through adult and pediatric providers in the area.

HCI implements several strategies to ensure members understand and have access to family planning services, which are provided by an appropriate physical health provider. These strategies are as follows:

1. Utilize member onboarding sessions and materials to educate members on available family planning benefits and how to access those services within and outside of HCI's network.
2. Assist members with finding a provider who offers family planning services through Health First Colorado's *Find a Provider* website.
3. Support PCMPs who do not provide family planning within their practice by offering them resources on how to refer members to practitioners who do offer the services.
4. Monitor member complaints related to family planning services. During this reporting period, there were no recorded complaints regarding access to family planning services.
5. Review family planning utilization data available from the State.

Family planning usage was analyzed by HCI this quarter using available claims data. According to state claims data for family planning services, 3,537 members received family planning services during Q4 of FY22-23. A majority of those members (2,847, or 79%) obtained services from HCI contracted PCMPS within Region 4. Other services included in the data were provided by facilities such as hospitals, imaging, and urgent care centers, which would not fit the criteria for PCMPs.

> **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

HCI monitors the availability of telehealth services by surveying providers on their capacity to offer telehealth and by analyzing telehealth utilization through claims data. In Q4 of FY22-23, telehealth utilization accounted for 2.34% of paid physical health claims. Due to a lag in claims data, Q1 FY23-24 data is not yet available.

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	154,289	N/A	141,898	N/A
Total behavioral health practitioners (i.e., PROVCAT codes beginning with "BV" or "BG")	3,480	N/A	4,176	N/A
Behavioral health practitioners accepting new members	3,480	100%	4,176	100%
Behavioral health practitioners offering after-hours appointments	1,450	41.7%	1,522	36.4%
New behavioral health practitioners contracted during the quarter	200	5.8%	1,441	34.5%
Behavioral health practitioners that closed or left the MCE's network during the quarter	80	2.3%	745	17.8%

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	27	28
Total SUD treatment facilities offering ASAM Level 3.3 services	3	4
Total SUD treatment facilities offering ASAM Level 3.5 services	35	36
Total SUD treatment facilities offering ASAM Level 3.7 services	21	21
Total SUD treatment facilities offering ASAM Level 3.2 WM (Withdrawal Management)	22	23
Total SUD treatment facilities offering ASAM Level 3.7 WM services	12	12

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

During Q1 of FY23-24, HCI maintained a network of behavioral health practitioners in number and types to ensure that members have access to all covered services.

Behavioral health practitioners and/or facilities for which HCI did not possess a sufficient network experienced specific contributing barriers as delineated below.

To start, the state does not have enough psychiatric residential treatment facilities, psychiatric hospitals, or psychiatric units in acute care facilities to satisfy the time/distance standards for a sizable portion of HCI's region. The closing of Parkview Medical Center's inpatient psychiatric unit in June of 2022 inhibited members' access to inpatient services in 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.

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

In addition, prescribers who do not fit into the Behavioral Health Specialty Provider criteria must bill fee for service (FFS) for Evaluation & Management (E&M) codes. As a result, there is no incentive for prescribers to contract with HCI.

A general shortage of adequate SUD treatment facilities across all ASAM levels within the region also substantially impacts our capacity to comply with the time/distance standard. Specifically, Clinically Managed Population-Specific High-Intensity Residential Services (ASAM Level 3.3) and Medically Monitored Inpatient Withdrawal Management (ASAM Level 3.7WM) are not offered in the region. For members in need of this level of care, HCI arranges transportation so that they may obtain services in another region.

Finally, there are not enough behavioral health providers in the region to have two providers within the time/distance standard. Pueblo County maintains an urban designation; however, it contains rural areas which do not have a practitioner within the 30 miles/30 minutes radius. According to HCI's agreement with HCPF, standards for member choice/proximity to providers are not necessary in a specific area if fewer than two providers are located in that area.

HCI utilizes telehealth services when feasible in order to secure access to care and overcome the barriers described previously. HCI asks providers to share their telehealth capabilities through claims data and as part of their demographic data in an effort to monitor the availability of telehealth services. For Q4 of FY22-23, 11.85% of all paid services, by cost, were delivered through telehealth. Telehealth data for Q1 of FY23-24 is not yet available because of a lag in claims data. HCI expects the telehealth modality to continue to be a crucial component of the network, which will help ensure timely access and member choice, particularly for members residing in rural and frontier portions of Region 4.

The providers in HCI's network have thoroughly incorporated the ASAM levels of care into their evaluation and treatment services. HCI strives to ensure members have access to the full continuum of SUD services. HCI experiences the following barriers that challenge these efforts:

- Provider adherence to authorization and documentation requirements
- Lack of additional SUD treatment sites with ASAM levels within 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.**
>
> **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

To ameliorate these barriers, HCI offers contracts to all providers with available ASAM levels of care. Further, HCI continues to address the lack of provider understanding of ASAM criteria and clear communication on the level of care being requested for authorization. HCI educates existing providers on authorization procedures and documentation requirements. As a result of this training, HCI has identified improved care coordination and less overall difficulty around these elements.

During FY22-23, HCI reported a barrier of providers securing proper enrollment in Health First Colorado for practice sites' specific level of care. HCI provided outreach and education regarding the enrollment process and member resources to practices that showed discrepancies in Health First Colorado enrollment. As a result of these efforts, HCI did not identify any providers with this issue during Q1 of FY23-24.

HCI uses ongoing communication between the HCI Clinical Department and SUD facilities to monitor the availability of treatment beds at each ASAM level. Information concerning whether a SUD facility is unable to place a member in covered levels of care due to a bed capacity shortage is tracked internally. This internal tracking system allows placements to be handled and connections to outpatient treatment and case management services to be coordinated.

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

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
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

Network Changes

<u>Supporting contract reference:</u> The MCE shall report in writing to the Department, all changes or deficiencies in MCE Networks related to access to care.

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 experienced anticipated material changes to the network during this quarter which led to a net positive in the number of behavioral health practitioners in the network. HCI did not notify HCPF of changes in writing as members continued to receive service delivery, availability, or capacity within the provider network. HCI maintains an open network for any willing provider that meets Health First Colorado and credentialing standards. HCI works to contract and credential providers within 90 days of their request. As a result, new practitioners joined the network during Q1 of FY23-24. Additionally, HCI has a standard process through which facilities update their rosters as they experience changes. During Q1 of FY23-24, HCI received notifications that caused providers within contracted facilities to be removed from or added to the network.

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

<u>Supporting contract reference:</u> 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

<u>Supporting contract reference:</u> 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

PCMPs are audited by HCI to ensure they comply with members' access to care standards as required by Health First Colorado. HCI audits PCMPs on access to care standards by location within Region 4 each year. New in FY23-24, HCI's Practice Transformation (PT) team is supporting PCMPs with access and availability surveys. The requests to complete the survey annually will align with our PT Assessments, which occur in Q1 and Q2 of the fiscal year. Additionally, based on feedback from practices last year, HCI has modified the access and availability questions to better align with the language in the RAE and PCMP contracts.

HCI's survey focuses on the following five questions in an effort to understand access to care availability:

- Is this provider location currently accepting new patients?
- Is this provider location able to accommodate an outpatient appointment for a Health First Colorado member within seven days after discharge from a hospital?
- Is this provider location able to accommodate a non-urgent, symptomatic care visit within seven days after the request?
- Does this provider location offer same day appointments (urgent appointments within 24 hours of the request)?
- Does this provider location provide well care visits within one month after the request unless a sooner appointment is required to ensure the provision of screenings in accordance with HCPF's Bright Futures schedule?

HCI considers both in-person and telehealth appointment types to meet access to care standards for Health First Colorado members.

PCMP Audit Reporting Period	Q1 Audits	Q2 Audits	Q3 Audits	Q4 Audits
PCMP Total Locations Audited Counts	4	N/A	N/A	N/A
Provider location able to accommodate an outpatient appointment within seven days: Met Requirements	4	N/A	N/A	N/A

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				
Provider location able to accommodate a non-urgent, symptomatic care visit within seven days: Met Requirements	4	N/A	N/A	N/A
Urgent Access 24 hours: Met Requirements	4	N/A	N/A	N/A
Well-Care Access one month: Met Requirements	4	N/A	N/A	N/A
Follow up audits from previous quarters (re-audits)	28	N/A	N/A	N/A
All Requirements Met	28	N/A	N/A	N/A

HCI evaluates PCMPs located within Region 4 for Health First Colorado members' access to care standards. HCI sends a letter to providers that informs them whether their access to care audit results are passing or failing. This letter contains information and education for the provider about access to care standards and expectations. Providers that fail the access to care audit work with a PT Coach to develop a performance improvement plan that aligns with the work they are doing after their PT assessment.

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

HCI monitors Health First Colorado members' access to care through auditing contracted behavioral health providers by locations within Region 4. HCI outreaches behavioral health providers by email and telephone calls to report their access to care standards. The access to care standards for behavioral health providers include:

- Appointment availability for new members within seven days of the request
- Appointment availability for established members within seven days of the request
- Urgent appointment access availability within 24 hours, and emergency access within 15 minutes by phone, or within one hour face-to-face for urban/suburban areas and within two hours face-to-face for rural/frontier areas.

HCI accepts both telehealth and in-person appointment types to meet access to care standards.

BH Audit Reporting Period	Q1 Audits	Q2 Audits	Q3 Audits	Q4 Audits
BH Total Location Audited Counts	62	N/A	N/A	N/A
New Health First Colorado Routine/Non-Urgent appointment within seven days:	22	N/A	N/A	N/A

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				
Met Requirements				
Established Health First Colorado Routine/Non-Urgent appointment within seven days: Met Requirements	22	N/A	N/A	N/A
Urgent Access 24 hours: Met Requirements	22	N/A	N/A	N/A
Emergency Access by phone within 15 minutes after the initial contact, including TTY accessibility; in-person within one hour of contact in urban and suburban areas, in-person within two hours after contact in rural and frontier areas.	22	N/A	N/A	N/A
Follow up audits from previous quarters (re-audits)	28	N/A	N/A	N/A
All Requirements Met	28	N/A	N/A	N/A

HCI notifies each behavioral health provider within Region 4 of their access to care pass or fail results. The notification includes information regarding access to care standards. Behavioral health providers are re-audited in 90 days if the provider fails the first access to care audit.

In Q1 of FY23-24, 40 behavioral health providers failed the new Health First Colorado routine/non-urgent appointment availability within seven days requirement, the established routine/non-urgent appointment availability within seven days requirement, the urgent access for members within 24 hours, and the emergency access availability.

HCI may require a behavioral health provider to create a Corrective Action Plan (CAP) if the provider has failed both audits. The Quality Oversight Care Committee (QOCC) reviews behavioral health providers that fail the re-audit once outreach is completed.

HCI trains providers on access to care standards through HCI Roundtable webinars. The webinar and presentation are available on HCI's website.

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 <u>contracted urban</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.
Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted urban</u> Colorado counties where the MCE does not meet the time/distance requirements.

CHP+ MCO, Medicaid MCO, RAE

HCI has one urban county, Pueblo County, within its region. Almost half (48.2%) of HCI's members reside in this county.

Physical Health
For PCMPs, the requirement for urban counties is to have 100% coverage of two providers within 30 miles or 30 minutes. HCI missed the standards across licensure levels, with 99.9% coverage for the majority of PCMP types.

County	Provider Type	Percentage Coverage
Pueblo, CO	Adult Primary Care (MD, DO, NP)	99.9%
Pueblo, CO	Adult Primary Care (PA)	99.9%
Pueblo, CO	Pediatric Primary Care (MD, DO, NP)	99.9%
Pueblo, CO	Pediatric Primary Care (PA)	99.9%
Pueblo, CO	Family Practitioner (MD, DO, NP)	99.9%
Pueblo, CO	Family Practitioner (PA)	99.9%

Mental Health Services
Within the urban county of Pueblo, HCI is required to have 90% coverage of two mental health providers within 30 miles or 30 minutes. In Pueblo County, HCI met the standard for Psychiatrists and other Psychiatric Prescribers, as well as Behavioral Health for all ages. HCI did not meet the standard for Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities because there is not a facility located within the required distance.

County	Provider Type	Percentage Coverage
Pueblo, CO	General Psychiatrists and Other Psychiatric Prescribers	99.9%
Pueblo, CO	General Behavioral Health	99.9%
Pueblo, CO	Pediatric Psychiatrists and Other Psychiatric Prescribers	99.9%
Pueblo, CO	Pediatric Behavioral Health	99.9%
Pueblo, CO	Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities	0.0%

SUD Services

Present detailed time/distance results for members residing in Colorado's urban counties using the accompanying MS Excel workbook template.

List the specific <u>contracted urban</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted urban</u> Colorado counties where the MCE does not meet the time/distance requirements.

CHP+ MCO, Medicaid MCO, RAE

HCI is required to have 100% coverage of two SUD practitioners and one facility for SUD and psychiatric services within 30 miles or 30 minutes. HCI did not meet the standard across this Provider Type.

County	Provider Type	Percentage Coverage
Pueblo, CO	General SUD Treatment Practitioner	99.6%
Pueblo, CO	Pediatric SUD Treatment Practitioner	99.6%
Pueblo, CO	SUD Treatment Facilities, ASAM 3.1	98.4%
Pueblo, CO	SUD Treatment Facilities, ASAM 3.2 WM	98.3%
Pueblo, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Pueblo, CO	SUD Treatment Facilities, ASAM 3.5	99.3%
Pueblo, CO	SUD Treatment Facilities, ASAM 3.7	99.3%
Pueblo, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.1%

In order to guarantee access to care for members living in urban counties where the time/distance requirements are not met, HCI offers providers who utilize telehealth services. HCI's Care Coordination staff also arranges transportation and links to other resources which allow members to obtain services outside of the county in which they reside.

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 <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

CHP+ MCO, Medicaid MCO, RAE

The following nine rural counties are located within the HCI region: Alamosa, Chaffee, Conejos, Crowley, Fremont, Lake, Otero, Prowers, and Rio Grande Counties.

Present detailed time/distance results for members residing in Colorado's rural counties using the accompanying MS Excel workbook template.

List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

CHP+ MCO, Medicaid MCO, RAE

Physical Health

For PCMPs, the requirement for rural counties in the region is to have 100% coverage of two providers within 45 minutes or 45 miles. HCI maintained 100% coverage of members within the time/distance standards for Adult Primary Care (MD, DO, NP), Family Practitioner (MD, DO, NP), Pediatric Primary Care (MD, DO, NP), Adult Primary Care (PA), and Pediatric Primary Care (PA).

HCI did not meet standards for the following by less than one percent:

County	Provider Type	Percentage Coverage
Prowers, CO	Family Practitioner (PA)	99.9%

Mental Health Services

In rural counties, HCI is required to have 90% coverage of two providers within 60 minutes or 60 miles for mental health practitioners. HCI met the standard for Psychiatrists and other Psychiatric Prescribers, as well as Behavioral Health for all ages. This remained unchanged from the previous report.

HCI did not meet the standard for Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities because there is not a facility located within the required distance for rural counties in the region.

SUD Services

As detailed in the previous report, HCI is required to have 100% coverage of two SUD practitioners and one facility for SUD and psychiatric services within 60 minutes or 60 miles. HCI met access standards for SUD Treatment Practitioners for all ages and maintained access to care for SUD higher level services within the region with the exception of the following:

County	Provider Type	Percentage Coverage
Alamosa, CO	SUD Treatment Facilities, ASAM 3.1	0.0%
Alamosa, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Alamosa, CO	SUD Treatment Facilities, ASAM 3.7	0.0%
Alamosa, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%
Chaffee, CO	SUD Treatment Facilities, ASAM 3.1	0.0%
Chaffee, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Chaffee, CO	SUD Treatment Facilities, ASAM 3.5	0.0%

Present detailed time/distance results for members residing in Colorado's rural counties using the accompanying MS Excel workbook template.

List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

CHP+ MCO, Medicaid MCO, RAE

Chaffee, CO	SUD Treatment Facilities, ASAM 3.7	0.0%
Chaffee, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%
Conejos, CO	SUD Treatment Facilities, ASAM 3.1	0.0%
Conejos, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Conejos, CO	SUD Treatment Facilities, ASAM 3.7	0.0%
Conejos, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%
Crowley, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Crowley, CO	SUD Treatment Facilities, ASAM 3.5	99.8%
Crowley, CO	SUD Treatment Facilities, ASAM 3.7	99.6%
Crowley, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.7%
Fremont, CO	SUD Treatment Facilities, ASAM 3.1	98.4%
Fremont, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Fremont, CO	SUD Treatment Facilities, ASAM 3.5	98.4%
Fremont, CO	SUD Treatment Facilities, ASAM 3.7	98.2%
Fremont, CO	SUD Treatment Facilities, ASAM 3.7 WM	96.0%
Lake, CO	SUD Treatment Facilities, ASAM 3.1	0.0%
Lake, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Lake, CO	SUD Treatment Facilities, ASAM 3.5	0.0%
Lake, CO	SUD Treatment Facilities, ASAM 3.7	0.0%
Lake, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%
Otero, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Otero, CO	SUD Treatment Facilities, ASAM 3.5	99.8%
Otero, CO	SUD Treatment Facilities, ASAM 3.7	46.3%
Otero, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%
Prowers, CO	SUD Treatment Facilities, ASAM 3.1	93.5%
Prowers, CO	SUD Treatment Facilities, ASAM 3.2 WM	93.5%
Prowers, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Prowers, CO	SUD Treatment Facilities, ASAM 3.7	0.0%

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. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health 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

Prowers, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%
Rio Grande, CO	SUD Treatment Facilities, ASAM 3.1	0.0%
Rio Grande, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Rio Grande, CO	SUD Treatment Facilities, ASAM 3.7	0.0%
Rio Grande, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%

In order to guarantee access to care for members living in rural counties where the time/distance requirements are not met, HCI offers providers who utilize telehealth services. HCI's Care Coordination staff also arranges transportation and links to other resources that allow members to obtain services outside of the county in which they reside.

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. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health 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 counties that meet the definition of frontier Colorado counties. These counties are Baca, Bent, Costilla, Custer, Huerfano, Kiowa, Las Animas, Mineral, and Saguache Counties.

Physical Health
For PCMPs, the requirement for frontier counties in the region is to have 100% coverage of two providers within 60 minutes or 60 miles. As previously reported, HCI had a strong physical health network in the frontier counties during this reporting period with 100% coverage of members within the time/distance requirements for:

• Adult Primary Care (MD, DO, NP)
• Adult Primary Care (PA)

> **Present detailed time/distance results for members residing in Colorado's frontier counties using the accompanying MS Excel workbook template.**
>
> **List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.**
>
> **Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.**

CHP+ MCO, Medicaid MCO, RAE

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

HCI did not meet standards for the following:

County	Provider Type	Percentage Coverage
Baca, CO	Family Practitioner (PA)	84.2%
Las Animas, CO	Family Practitioner (PA)	99.4%

Mental Health Services
HCI is required for its frontier counties to have 90% coverage of two mental health practitioners within 90 minutes or 90 miles. HCI met the standard for Psychiatrists and other Psychiatric Prescribers as well as Behavioral Health for all ages.

HCI did not meet the standard for Psychiatric Hospitals or Psychiatric Units in Acute Care Facilities because there is not a facility located within the required distance.

SUD Services
HCI is required to have 100% coverage of two SUD practitioners and one facility for SUD and psychiatric services within 90 minutes or 90 miles. HCI continued to meet access standards for SUD Treatment Practitioners for all ages and maintained access to care for SUD higher level services within the region.

The following table lists the counties that did not meet access by Provider Type:

County	Provider Type	Percentage Coverage
Baca, CO	SUD Treatment Facilities, ASAM 3.1	95.4%
Baca, CO	SUD Treatment Facilities, ASAM 3.2 WM	95.4%
Baca, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Baca, CO	SUD Treatment Facilities, ASAM 3.7	0.0%
Baca, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%
Bent, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Bent, CO	SUD Treatment Facilities, ASAM 3.7	84.7%
Bent, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%

Present detailed time/distance results for members residing in Colorado's frontier counties using the accompanying MS Excel workbook template.

List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

CHP+ MCO, Medicaid MCO, RAE

Costilla, CO	SUD Treatment Facilities, ASAM 3.1	42.3%
Costilla, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Costilla, CO	SUD Treatment Facilities, ASAM 3.7	54.7%
Costilla, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.1%
Custer, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Huerfano, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Huerfano, CO	SUD Treatment Facilities, ASAM 3.7 WM	87.0%
Kiowa, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Kiowa, CO	SUD Treatment Facilities, ASAM 3.7	5.2%
Kiowa, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.7%
Las Animas, CO	SUD Treatment Facilities, ASAM 3.1	99.9%
Las Animas, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Las Animas, CO	SUD Treatment Facilities, ASAM 3.5	99.4%
Las Animas, CO	SUD Treatment Facilities, ASAM 3.7	98.7%
Las Animas, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.1%
Mineral, CO	SUD Treatment Facilities, ASAM 3.1	0.0%
Mineral, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Mineral, CO	SUD Treatment Facilities, ASAM 3.7	0.0%
Mineral, CO	SUD Treatment Facilities, ASAM 3.7 WM	0.0%
Saguache, CO	SUD Treatment Facilities, ASAM 3.1	56.1%
Saguache, CO	SUD Treatment Facilities, ASAM 3.3	0.0%
Saguache, CO	SUD Treatment Facilities, ASAM 3.7	59.5%
Saguache, CO	SUD Treatment Facilities, ASAM 3.7 WM	34.1%

In order to guarantee access to care for members living in frontier counties where the time/distance requirements are not met, HCI continues to offer providers who utilize telehealth services. HCI's Care Coordination staff continues to arrange transportation and links to other resources, which allow members to obtain services outside of the county in which they reside.

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					
KOSLOSKE, AMBER	9000210152	El Paso	BV120	Psychologists (PhD, PsyD) - General	
LATHAM, TAMARA	41585810	El Paso	BV130	Licensed Clinical Social Workers (LCSWs)	
SIMBECK, GWEN	9000187867	El Paso	BV132	Licensed Professional Counselors (LPCs)	
VALLEJO, MICHAEL	9000188809	El Paso	BV130	Licensed Clinical Social Workers (LCSWs)	
WIGHT, KARISSA	9000164980	El Paso	BV131	Licensed Marriage & Family Therapists (LMFTs)	

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
HCI utilizes SCAs for out-of-network providers to meet specific member needs. HCI approves SCA requests when a member lives outside of the time/distance standard for service, when a specialty service is not available through the existing network, or when a member has a relationship with the provider. In specific situations, SCAs may also be approved by HCI so that providers who are actively engaged in the contracting and credentialing process can serve members while they are completing the process if the provider meets the above listed SCA criteria. HCI monitors SCA utilization data for high-volume providers. HCI contacts providers with more than five SCAs in a quarter to discuss the possibility of joining the network. If the provider elects to join the network, HCI offers the provider instructions regarding the credentialing procedures and oversees the application process through completion.

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

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