



Network Adequacy Plan

Region 6

Table of Contents

Network Development..... 3

Network Monitoring and Maintenance 4

Access for Members with Disabilities 6

Caseload Standards..... 7

Mental Health Certifications..... 9

Access for Special Populations..... 9

 Table 1: Number of Network Providers by Provider Type and Areas of Expertise..... 11

 Table 2: Cultural Competency Training by County and Provider Type 13

 Figure 1: Breakdown of Languages Spoken by Physical Health Providers in Each County..... 14

 Figure 2: Breakdown of Languages Spoken by Behavioral Health Providers in Each County..... 16

Network Development

During the implementation phase, CCHA recruited and contracted all providers, both primary care and behavioral health providers, who were in good standing with the Center for Medicaid and Medicare Services (CMS), enrolled in the CO Medicaid program and expressed interest in participating in the Accountable Care Collaborative (ACC) and a part of the Regional Accountable Entity (RAE). When making outreach attempts, CCHA targeted public and private providers using the previous network of Primary Care Medical Providers (PCMPs), practices that were previously requested by members but not yet contracted to participate in the ACC, and practices that appeared on the non-contracted provider lists provided by the Department of Health Care Policy and Financing (HCPF). For behavioral health, CCHA used previous Behavioral Health Organizations (BHO) directories to outreach previously contracted providers, in addition to outreaching to the current Anthem network and Department of Human Service CORE service providers. With seamless transition of care as the primary goal, all efforts to be inclusive of any provider, both physical health and behavioral health, actively providing services to members were made.

Once outreach was successful, the contracting department worked to perform the necessary paperwork while provider relations held meetings to educate and inform providers on updates to the ACC. Information on attribution and various other changes coming with ACC Phase II, in addition to operational changes in transitioning to a new vendor made these large regional meetings crucial. Additional, small group meetings occurred with the two Community Mental Health Centers (CMHC's) as well as the Federally Qualified Health Centers (FQHC's).

In summary, CCHA worked with outgoing vendors, other RAEs and network providers to ensure members would have continued access to both their physical and behavioral health providers following implementation of ACC Phase II.

Statewide Behavioral Health Network

Beyond the work that CCHA has done to ensure an adequate network in Region 6, CCHA has also worked to build a statewide behavioral health network, which will include behavioral health providers that span inpatient, outpatient and all other covered mental health and substance use disorder services. CCHA's statewide contracting strategy includes contracting with hospital systems with facility access statewide, all Community Mental Health Centers and Federally Qualified Health Centers statewide and all other behavioral health providers as requests are received.

Contracting

As a standard policy, CCHA does not employ or contract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Social Security Act. CCHA will only enter into written contracts with primary care providers that meet the following criteria to qualify as a PCMP:

- Enrolled as a Colorado Medicaid provider
- Licensed and able to practice in the State of Colorado.
- Practitioner holds an MD, DO, or NP provider license.
- Practitioner is licensed as one of the following specialties: pediatrics, internal medicine, family medicine, obstetrics and gynecology, or geriatrics.

Onboarding

CCHA's Provider Relations team is working with the provider community to address concerns and barriers. For example, a weekly behavioral health provider open mic is being held for Region 6, facilitating a forum for providers to share questions/concerns, as well as obtain resolution for outstanding issues. These open mics have proven to be successful, because various barriers were identified, mitigated and education provided during these sessions. For physical health providers, individual meetings at offices, newsletters, content rich emails including Data Analytics Portal and attribution information have proved helpful in ensuring primary care providers have the information they need to be successful. A September Membership meeting is planned for providers as well as training opportunities as described in CCHA's Practice Support Plan.

Network Monitoring and Maintenance

CCHA will maintain and monitor the provider network in alignment with CCHA's *Provider Recruitment Standards and Measures for Appropriate Availability to Providers* policy and the CCHA Practice Support Plan. Through a combination of quantitative standards assessment and qualitative evaluation, CCHA will remain informed and responsive to gaps or barriers in the network that may be unique to a specific demographic or the geographic diversity of the region. Further, CCHA will ensure that the contracted networks are capable of serving all Members, supported by translation services, increasing telehealth services, and contracting with providers who have specialized training and expertise across all ages, levels of ability, gender identities, and cultural identities. For example, CCHA worked with Centura and Clear Creek County to reopen a previously-closed provider office and restore primary care to the Clear Creek and neighboring community. This also served to provide Gilpin County residents an option to receive primary care within 30 miles of their residence.

In order to enhance our network for members better served by interpretation services, CCHA offers translation and American Sign Language services at no cost. To aid in medical competence and to provide the best experience for our members, we provide translation services in all prevalent non-English languages applicable to our region. These services are available for all interactions members may have within the Health Neighborhood. Services can be coordinated through our Member Services Department. Our Care Coordination team will collaborate with the care provider to ensure translation services are as seamless as possible.

Addressing Gaps in Coverage

Regarding strategies to recruit and enhance the behavioral health network, CCHA is contracting with all Community Mental Health Centers, Federally Qualified Health Centers, and hospital systems to provide extensive member choice and facility access statewide. Additionally, providers with a single case agreement are invited to join the network. Contracting efforts are ongoing to ensure an adequate, statewide network.

To continue to expand the behavioral health network, CCHA is pursuing multiple contracting opportunities. First, CCHA is contracting with IESO in Region 6 to increase access to behavioral health services for members with low to moderate mental illness symptoms; IESO is a digital platform where members can receive evidence-based cognitive behavioral therapy. Second, CCHA receives recommendations from local DHS agencies regarding suggested providers with whom CCHA should contract; this information is communicated to the network recruitment team, and leveraged for outreach. Finally, to facilitate the contracting process, CCHA has a provider email address that providers use to request to join the network.

To recruit new primary care providers for areas where there are gaps in coverage, CCHA conducts targeted outreach via phone and email to educate providers on the benefits of participating in the ACC. CCHA then requests a meeting to visit the practice in person. CCHA uses the non-contracted list in the monthly Enrollment Summary from the State for this outreach. This tool is also used to identify high-volume, non-contracted practices that have a potential to impact coverage gaps in a given area. In areas where gaps in coverage exist because providers are generally lacking, CCHA is focusing on fostering collaborative relationships with local organizations to understand the community's needs, the work that has already been done, and how CCHA can help reduce gaps by leveraging existing efforts.

Contract Requirements

All provider contracts will be renewed annually to ensure agreements remain current with the ACC Program and any new initiatives available to the network. The current contract requires that PCMPs meet all of the criteria to qualify as a PCMP, serve as a medical home for their members, comply with State and Federal regulations, collaborate with the RAE to meet quality standards and member needs, and report on capabilities to provide access to members with limited English proficiency and/or disabilities. The current contract requires that behavioral providers meet all required credentialing criteria to participate in a Medicaid program, comply with State and Federal regulations, collaborate with the RAE to meet quality standards and member needs, and report on capabilities to provide access to members with limited English proficiency and/or disabilities. Prior to entering into an agreement, CCHA requires that both providers and practices complete an application form, which collects attestation for these criteria.

CCHA will further monitor the network's compliance with contractual requirements and NCQA access to care and quality of services standards using an array of tools, including:

- **Utilization of Services:** We will analyze our Member populations and their needed services to make sure our Network Providers meet or exceed the required Member-to-provider ratios and assure appropriate access to services.
- **Geographic Location of Providers and Members:** Each quarter, or upon any significant changes in network composition, we will evaluate geographical mapping reports for physical and geographic adequacy to identify network gaps and assess member choice. The industry-standard tools we use will enable us to evaluate network adequacy and access, and may include: geographic overview maps, provider and Member location maps, available transportation, Member accessibility summaries, and detailed accessibility reports. We will monitor access for Members with disabilities by capturing physical access information for each location and use this data to evaluate access.
- **Routine Appointment Waiting Times:** We will survey a statistically sound sample across our network quarterly to verify appointment standards and access to services for PCMPs and behavioral health providers.
- **Member Services Data:** We will use this data to identify potential compliance issues. For example, if we receive repeated calls regarding inaccessibility, we will contact the provider.
- **Stakeholder Feedback:** We will continue active participation in alliances, committees, and advisory groups where additional network needs are discussed and assessed for trending issues.
- **Quality of Care and Access Concerns:** We will investigate quality and access issues as part of the provider support model and through practice transformation activities. Outcomes will be reviewed through key performance indicators, quality reviews, and annual quality and care audits.
- **Grievance and Appeals Data:** We will use this data to identify additional qualitative trends at the individual provider level.

- Member Satisfaction Surveys: CCHA will support the Department’s administration of the Consumer Assessment of Health Care Providers and Systems (CAHPS®) in querying Members on key questions, including access to care. Additionally, CCHA will utilize the ECHO Survey to gauge member satisfaction with behavioral health services.
- Provider Data Review: We will analyze out-of-network authorizations, service coordination needs, member cultural competency and language needs, provider capabilities, and provider claims data.

Corrective Action

The CCHA Network Managers will identify and escalate provider relations issues and barriers, and Medicaid Program Officers will review ongoing issues with CCHA Leadership to determine appropriate mechanism for corrective action on a case-by-case basis. CCHA will work with the provider to develop a Corrective Action Plan (CAP) and escalate to HCPF as appropriate. Further, CCHA will submit a report with recommended actions to HCPF, in writing, within five business days of discovering significant provider issues, deficiencies, or needs for corrective action.

Network Adequacy and Reporting Standards

Quarterly, or as requested by HCPF, CCHA shall submit geographical mapping and/or analyses that will include, at minimum:

- PCMPs accepting new Medicaid Members;
- Behavioral health providers accepting new Medicaid Members;
- PCMPs offering after-hours appointment availability to Medicaid Members;
- Behavioral health providers offering after-hours availability to Medicaid Members;
- Performance meeting time and distance standards;
- Number of behavioral health provider single-case agreements used;
- New providers contracted during the quarter;
- Providers that left the network during the quarter; and
- Additional information, as requested by HCPF.

Ultimately, CCHA aims to maintain a network that offers members ample choice and continuity of care across services. This will be accomplished not only through our maintenance and monitoring activities but also through our attention to provider support and partnership. CCHA takes a “come as you are” approach with regard to contracting with providers in good standing, which allows practices of all sizes to participate in the ACC program to the degree in which they are comfortable. Once partnered with CCHA, top performing practices and providers will also have the opportunity to receive performance incentives and participate in a tiered, value-based payment program, which will be implemented within the state fiscal year.

Access for Members with Disabilities

In order to assess level of access for members with physical/mental disabilities, CCHA collects accessibility information for each PCMP location and behavioral health provider on the provider contracting application form. On the contracting form, providers can indicate the practice’s disability accommodations including wheelchair access, ADA compliant bathrooms, a wheelchair scale, and/or “other” where the provider can indicate additional accessibility features in a free-form field.

Building on providers’ self-reported data from the initial contracting process, CCHA practice transformation coaches will work to validate the data while onsite. Additionally, CCHA is implementing

an incentive program for primary care providers, which will be CCHA's tiered approach to providing financial incentives and additional support to practices demonstrating engagement with members and CCHA through performance improvement efforts. As part of this model, practice transformation coaching (PTC) support will be provided upon request and to practices with a high volume of Medicaid members and/or integrated services. The PTC assesses the accessibility accommodations reported by the practice and will help facilitate practice improvement efforts and workflows aimed to improve accessibility to all members. Lastly, CCHA's care coordinators will also support network providers in caring for members with special needs, specifically focusing on complex care coordination, transitions of care, maternity care, high ER use, Medicare-Medicaid enrollees, and general care coordination.

To further support improvements in accessibility information, CCHA is collaborating with the Center for People with Disabilities (CPWD) and The Independence Center (TIC) on ways to refine the accessibility information providers report so it is more specific. For example, CCHA is planning to distribute a provider survey, developed by The Independence Center, to determine which practices have accessible tables, scales, and lifts. Concurrently, CCHA is working on options for including such access details on the CCHA website, which will help refer members to appropriate providers. The goal is to distribute the survey in early 2019.

CCHA is further collaborating with CPWD and TIC to explore options for offering disability etiquette training to staff and network providers. CCHA will continue collaborating with these organizations to improve options for members to receive disability competent care. Additional improvement activities will be reported in the quarterly Network Report.

It should be noted that accurate reporting on accessibility was identified as a priority to address with the provider network in Region 6, moving forward. Specifically, providers self-report of the accessibility of their practice did not appear to be consistent, resulting in the number of accessible practices in Region 6 appearing to be under reported. Since accessibility and disability competent care are high priorities in Region 6, CCHA plans to continue building upon previous collaborations among primary care providers, disability advocacy groups, and Long Term Services and Supports case management agencies to improve continuity of care for members. Activities will leverage partnerships that aided in implementation of the Disability Competent Care (DCC) project and enhanced communications and referral processes with Single Entry Points and Community Centered Boards.

Caseload Standards

CCHA's member enrollment determines the composition and capacity of our provider network, including PCMPs, specialists, hospitals, behavioral health providers, and ancillary providers. Provider access will be monitored using population growth, utilization, numbers and types of providers needed, number of providers serving Medicaid, number of providers accepting new Medicaid members, geographic location of members and providers, and accessibility. Specifically, CCHA plans to assess and monitor provider standards in a multitude of ways, such as:

- Geographical mapping and analysis to determine the physical location of each provider in relation to where members reside, which will help inform provider recruitment efforts.
- Assess ratios of members to providers by provider type to determine whether access to services is appropriate based on utilization of services.

- All providers within the travel distance requirements established in the RAE contract will be targeted for ongoing partnership and contracting. Travel distance requirements are not used, however, for behavioral health contracting as a statewide network is in process.
- Determine capacity by multiplying the provider counts for each provider type by the applicable capacity ratio to determine network capacity. Compare the resultant capacity of the network adequacy model to enrollment numbers.
- Optimize continuity of services for members through collaboration and partnership with population centers and high-volume Medicaid providers, and develop more tailored outreach and contracting strategies in areas of sparse provider access to improve continuity in underserved areas.
- Evaluate the capacity and adequacy of the network using a combination of geographic adequacy and the capacity standards in geographical mapping software.

With full assessment of the network, provider caseloads will be monitored using the following member-to-provider ratios:

- Adult primary care providers: one per 1,800 adult Members
- Adult mental health providers: one per 1,800 adult Members
- Mid-level adult primary care providers: one per 1,200 adult Members
- Pediatric primary care: one per 1,800 child Members
- Pediatric mental health providers: one per 1,800 child Members
- Substance use disorder providers: one per 1,800 Members

In practice, CCHA will monitor the network and provider caseload, at minimum, on a quarterly basis. Information will be reported to HCPF in the quarterly Network Report, upon discovery of a significant change in the network, and upon request from HCPF.

During this initial planning phase, the following issues were identified as priorities to address with the provider network:

- Provider caseload has been exceeded for many providers:
 - Enrollment limit exceeded for providers whose enrollment was higher than the stated capacity.
 - Provider enrollment limit was exceeded if previous enrollment was higher than the limit established for July 1, 2018. Members who had an identifiable relationship with the provider were attributed to them, regardless of the provider's enrollment capacity. CCHA will work with these providers and HCPF to ensure member assignment is reduced to an appropriate capacity to meet member needs.
 - Enrollment limit not met or exceed for providers due to system issues.
 - Pediatric providers: a noted issue with system attribution has demonstrated significantly low enrollment for pediatric providers that had high-to-no enrollment limits. CCHA will work with HCPF and providers to assist with resolution to this issue.
 - Auto-assignment indicator was not working properly, which prompted excessive enrollment to some providers and much lower enrollment to others anticipating high attribution. CCHA will work with these providers and HCPF to ensure member assignment is reduced to an appropriate capacity to meet member needs.
- There is no network gap that exceeds a thirty minute drive to a PCMP within Region 6; however, a lack of PCMPs is an ongoing challenge in rural areas such as Gilpin County. Though Clear Creek County provides Gilpin County residents an option to receive primary care services within 30 miles,

Gilpin County is void of primary care providers. This is an ongoing issue CCHA will continue working to address in collaboration with community and provider stakeholders.

Mental Health Certifications

As indicated in Table 1, CCHA is contracted with both physicians and psychiatrists. Within Region 6, CCHA is contracted with our two CMHCs, Mental Health Partners and Jefferson Center for Mental Health, three psychiatric hospitals, and two short term residential treatment centers which are 27-65 certified. CCHA has an open network to which we have invited all of the CMHCs statewide to join. We are contracted with psychiatric hospitals throughout the state and we continuously recruit additional MDs to join our network.

Access for Special Populations

As part of the integrated care coordination model, CCHA works with Members, Network Providers, and the multiple agencies comprising the systems of care to align strategies and prevent obstacles for Members through service delivery in multiple community-based settings. Care Coordinators help unify and bring resources together, addressing Member needs across agencies and systems to reduce duplication, maximize resources, expand member support to integrated care and community resources, and help achieve the best outcomes.

CCHA employs a multi-disciplinary team of care coordinators who facilitate direct connections among members, providers, case management agencies, hospitals, community resources, schools, criminal justice centers, RAEs, and other health neighborhood stakeholders. With a broad network of care coordinators both in the RAE offices and co-located in provider, hospital, and community settings, CCHA and our partners will continue working to ensure members needs are met in alignment with the no wrong door approach to accessing care. Further, co-located care coordinators also support provider staff in the integration and resolution of member needs by identifying care gaps that can be addressed by the provider and help with the development of member-centered treatment plans.

An example of this is in Region 6 is CCHA's efforts to improve access to services for the individual involved in criminal justice. CCHA continues to participate in the HCPF Justice Transitions Workgroup and collaborate with local community corrections facilities to help improve transitions back into the community. Previous efforts to implement a transition clinic pilot with Intervention Community Corrections Services in Lakewood were aimed to reduce ED utilization among ICCS clients and promote connection to a primary care medical home. Though efforts were delayed due to ICCS staff turnover, CCHA plans to work with new staff and move forward with the pilot in alignment with the goals established for the second phase of the ACC.

CCHA also employs Behavioral Health Provider Relations Staff who will work directly with the provider community to identify any issues and barriers related to access. This team is working with IESO and Live Health Online to offer alternative care options to members in special populations.

CCHA is developing a Health Neighborhood and Community Engagement strategy to further partner and collaborate with provider and community stakeholders at the local and regional levels. The program aims to enhance efforts to reduce duplication, align strategic priorities, and leverage existing community alliances and resources. CCHA will facilitate collaboration at various stakeholder levels to ensure

member needs are met seamlessly. The program will be guided by the following goals to improve integrated care:

- Streamlining referral processes, needs and risk assessments;
- Expanding access to care through telemedicine;
- Data sharing;
- Promoting crisis services;
- Coordination with hospitals; and
- Facilitating transitions of care.

These efforts will improve capabilities to meet member needs and will be facilitated through continued collaboration and partnership, including but not limited to the following stakeholders:

- Neighboring RAEs;
- Long-term services and supports providers, Single Entry Points, and Community Center Boards;
- Local county departments of human services;
- Local public health agencies (LPHA);
- Healthy Communities;
- Specialists;
- Network Providers, including PCMPs and behavioral health providers;
- Federally Qualified Health Centers;
- Corrections system;
- Community Mental Health Centers;
- Substance use providers / Managed Services Organizations;
- Area Agency on Aging;
- Aging and disability resources for Colorado;
- Non-emergent medical transportation; and
- Hospitals.

Table 1: Number of Network Providers by Provider Type and Areas of Expertise

		Boulder County			Broomfield County			Clear Creek County			Gilpin County			Jefferson County		
		Total	# Open to New Members	# Offering Weekend & After-Hours Appts.	Total	# Open to New Members	# Offering Weekend & After-Hours Appts.*	Total	# Open to New Members	# Offering Weekend & After-Hours Appts.	Total	# Open to New Members	# Offering Weekend & After-Hours Appts.	Total	# Open to New Members	# Offering Weekend & After-Hours Appts.
Provider Type	Adult Primary Care	171	156	117	13	12	6	10	0	0	0	0	0	139	113	50
	Pediatric Primary Care	176	157	121	17	16	6	10	0	0	0	0	0	208	182	70
	OB/GYN	13	13	0	1	1	0	0	0	0	0	0	0	15	11	0
	Family Planning	57	57	55	0	0	0	0	0	0	0	0	0	21	21	18
	Total PH Providers	Boulder County: 178 of 420 Unique Providers			Broomfield County: 17 of 420 Unique Providers			Clear Creek County: 10 of 420 Unique Providers			Gilpin County: 0 of 420 Unique Providers			Jefferson County: 215 of 420 Unique Providers		
	Adult Mental Health	205	205	185	24	24	20	2	2	2	2	2	1	324	324	299
	Pediatric Mental Health	205	205	185	24	24	20	2	2	2	2	2	1	324	324	299
	Substance Use Disorder	0	0	0	1	1	0	0	0	0	0	0	0	3	3	1
	Psychiatrist	0	0	0	0	0	0	0	0	0	0	0	0	11	11	0
	Child Psychiatrist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Psychiatric Prescriber	24	24	16	2	2	2	1	1	1	0	0	0	27	27	27
	Acute Care Hospitals	3	3	3	0	0	0	0	0	0	0	0	0	3	3	2
	Other	1	1	1	0	0	0	0	0	0	0	0	0	2	2	0
	Total BH Providers	Boulder County: 238 of 629 Unique Providers in R6			Broomfield County: 27 of 629 Unique Providers in R6			Clear Creek County: 3 of 629 Unique Providers in R6			Gilpin County: 2 of 629 Unique Providers in R6			Jefferson County: 365 of 629 Unique Providers in R6		

Notes:

- The data only includes providers that have an executed contract with CCHA. These numbers will be updated in Network Report, quarterly.
- An issue was identified in CCHA's data warehouse that incorrectly termed certain individual providers. Resolution is underway, but it should be noted that the provider totals are not fully representative of the entire provider network serving Region 6 PCMPs.
- The physical health provider network data includes only rendering providers that qualify as primary care practitioners affiliated with a contracted primary care location in Region 6.
- Totals for each provider type are not necessarily unique. For example, a single rendering provider is included in both the adult and pediatric provider totals if services are open to both demographics.
- Primary care provider information is inclusive of required information for contracting and voluntary information not required for contracting. As such, the following information is likely underreported and/or not fully representative of the provider network:
 - Provider secondary and tertiary specialty types, particularly for Family Planning and OB/GYN specialists. Further, providers typically only report on specialty types for which they are enrolled as a Colorado Medicaid provider.
 - The number of individual providers accepting new Medicaid members, as this is primarily managed at the practice level.
- Data for weekend and after-hours appointments reflects all providers with weekend and/or after-hours appointment availability.
- The behavioral health provider network data included in this plan is not all inclusive and not fully representative of the behavioral health provider network:
 - This data only includes providers whose contracts are finalized in our system.
 - This data only includes providers located in these counties. For statewide data, please see the attached maps.
 - This data is populated with distinct provider data by county. A provider can be attributed to more than one county if they provide services in multiple locations within a county. This attribution by county may inflate the total number of providers reflected in the table.
 - Due to the high provider interest, CCHA experienced delays in finalizing provider contracts, but is working to get all contracted providers loaded and configured in our system.

Table 2: Cultural Competency Training by County and Provider Type

		% of Total Providers with Cultural Competency Training by County				
		Boulder County	Broomfield County	Clear Creek County	Gilpin County	Jefferson County
Provider Type	Adult Primary Care	70.8%	15.4%	100%	0%	26.6%
	Pediatric Primary Care	67.6%	11.8%	100%	0%	34.1%
	OB/GYN	61.5%	0%	0%	0%	26.7%
	Family Planning	73.7%	0%	0%	0%	100%
	Total PH Providers	68.0% or 121 of 178 Boulder County Providers Trained in Cultural Competency	11.8% or 2 of 17 Broomfield County Providers Trained in Cultural Competency	100% or 10 of 10 Clear Creek County Providers Trained in Cultural Competency	0% or 0 of 0 Gilpin County Providers Trained in Cultural Competency	33.0% or 71 of 215 Jefferson County Providers Trained in Cultural Competency
	Adult Mental Health	0%	0%	0%	0%	0%
	Pediatric Mental Health	0%	0%	0%	0%	0%
	Substance Use Disorder	0%	0%	0%	0%	0%
	Psychiatrist	0%	0%	0%	0%	0%
	Child Psychiatrist	0%	0%	0%	0%	0%
	Psychiatric Prescriber	0%	0%	0%	0%	0%
	Acute Care Hospitals	0%	0%	0%	0%	0%
	Total BH Providers	0% or 0 of 0 Boulder County Providers Trained in Cultural Competency	0% or 0 of 0 Broomfield County Providers Trained in Cultural Competency	0% or 0 of 0 Clear Creek County Providers Trained in Cultural Competency	0% or 0 of 0 Gilpin County Providers Trained in Cultural Competency	0% or 0 of 0 Jefferson County Providers Trained in Cultural Competency

Notes:

- CCHA is in the process of streamlining provider contracting data. As a result, cultural competency information was underreported across providers types, including OB/GYN and Behavioral Health providers. Additionally, it is important to note that cultural competency may appear notably low due to multiple factors, including the following:

- PCMP information reported in the plan includes both required and voluntary provider details. As such, voluntary details such as providers' secondary and tertiary specialty types, particularly family planning and OB/GYN specialists, are expectedly low and likely underreported.
- Providers with OB/GYN and family planning specialties is significantly lower than other providers types, so the proportion of those provider specialties with cultural competency training is not directly comparable to the proportion of general practitioners with cultural competency training.
- During ACC 1.0, there was a targeted effort for providers to complete CMS' Culturally and Linguistically Appropriate Services (CLAS) cultural competency training through the Medicare-Medicaid Program Demonstration. Though all providers were offered resources for the training, OB/GYN and family planning specialists represent a small subset of providers included in targeted outreach efforts and, further, have a lower percentage of dual eligible Medicare-Medicaid beneficiaries on their patient panels. As such, we would anticipate completion of cultural competency training to be lower than other provider types.
- Though CCHA experienced some issues with reporting on cultural competency training, it remains a high priority to resolve said data issues and ensure the network is trained in culturally competent care. Following are steps CCHA is taking to ensure the physical and behavioral health networks are trained on cultural competency:
 - Through the incentive program, CCHA encourages providers to attend the semi-annual provider meetings, and attendance is tracked for the educational portion of the incentive program.
 - CCHA plans to host a cultural competency training at an upcoming provider meeting, which will be available to both primary care and behavioral health providers.
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Figure 1: Breakdown of Languages Spoken by Physical Health Providers in Each County

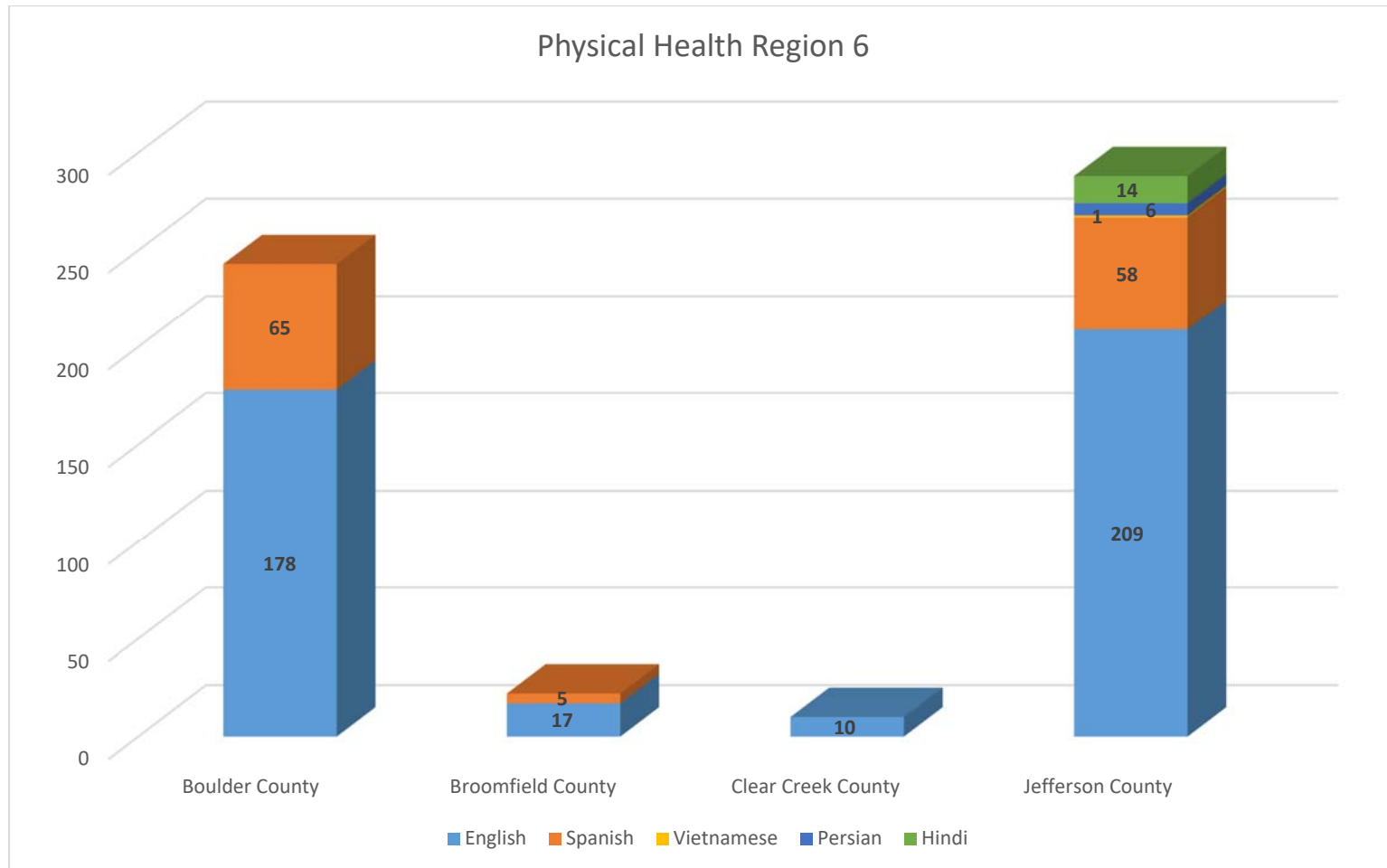
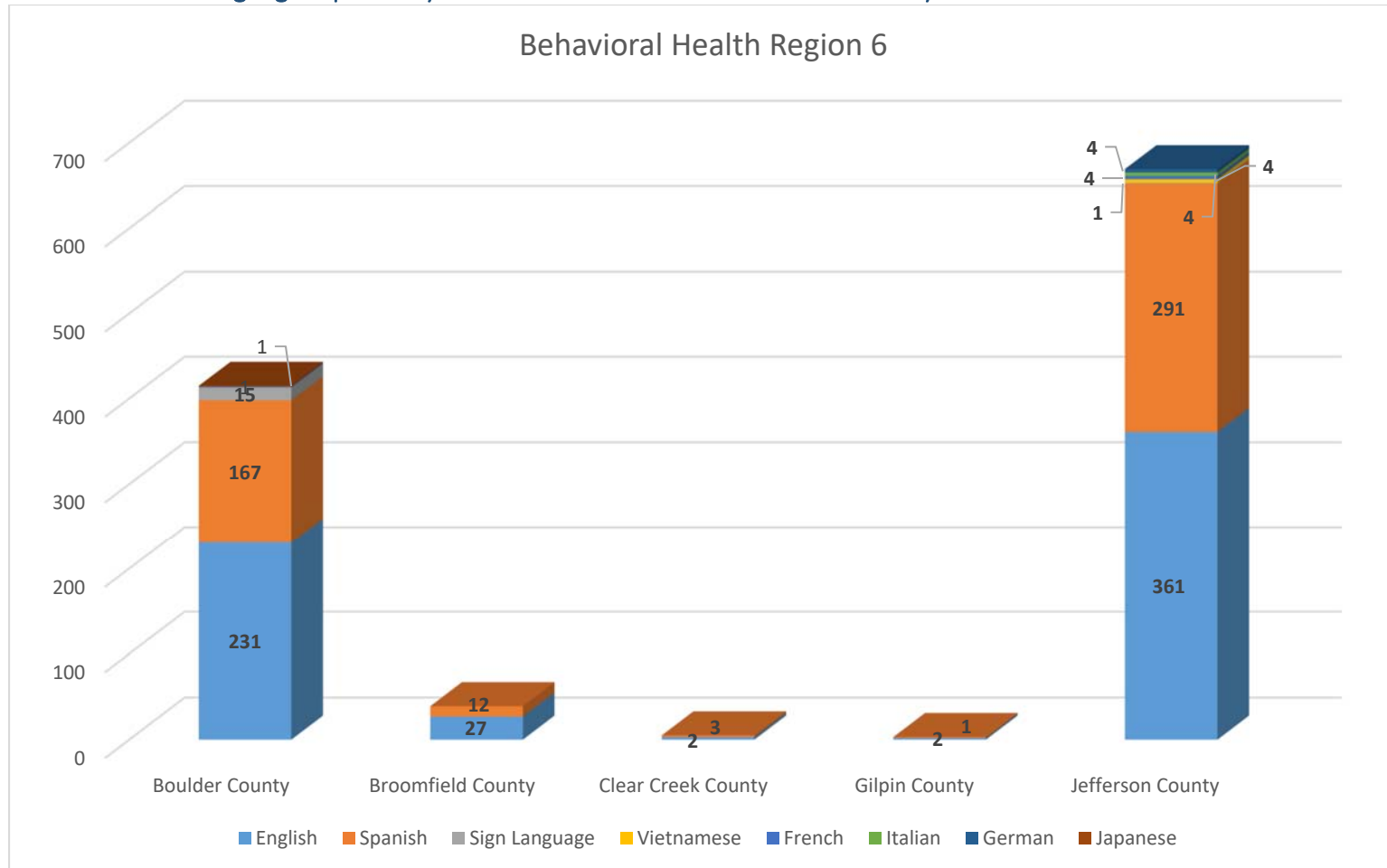
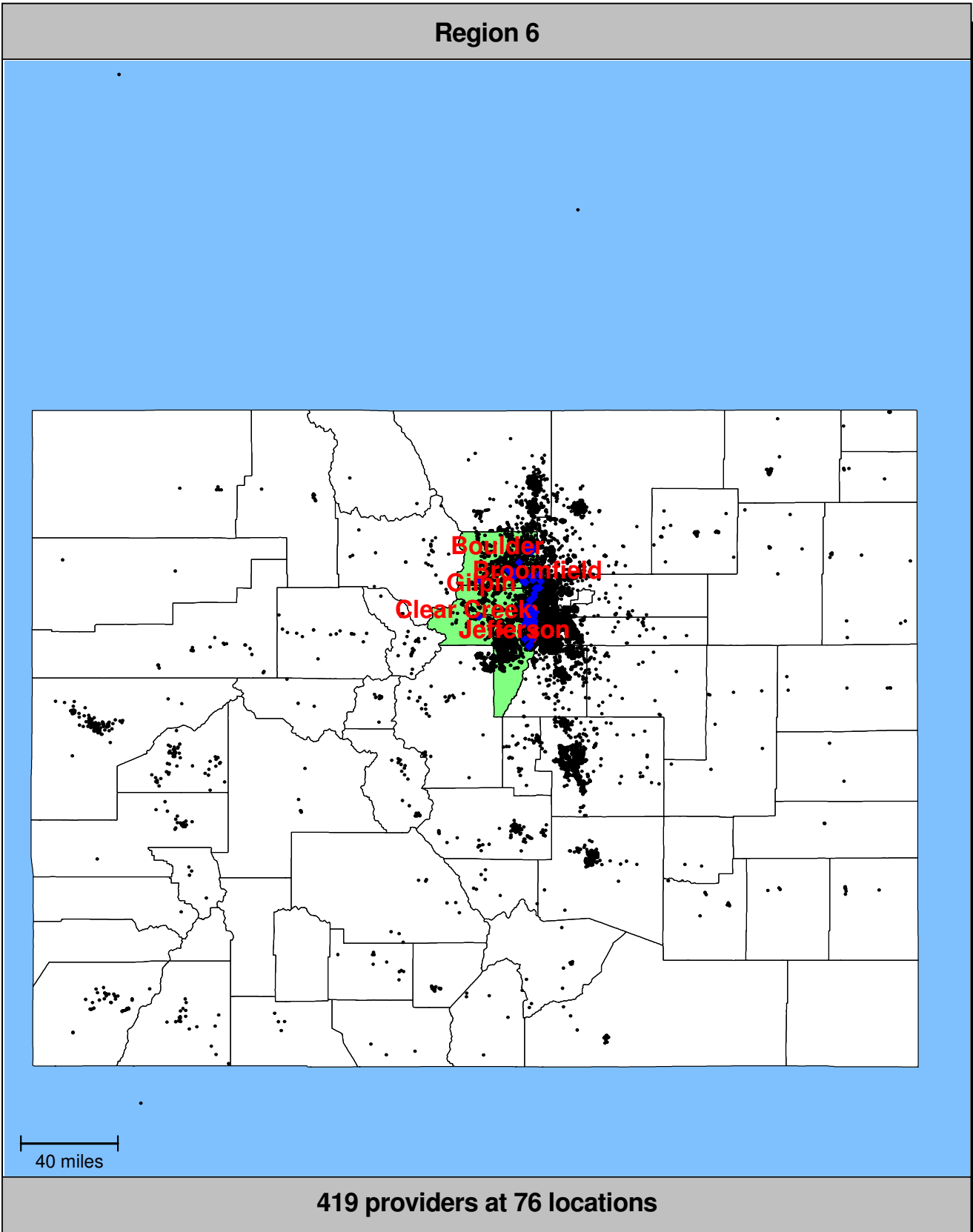


Figure 2: Breakdown of Languages Spoken by Behavioral Health Providers in Each County

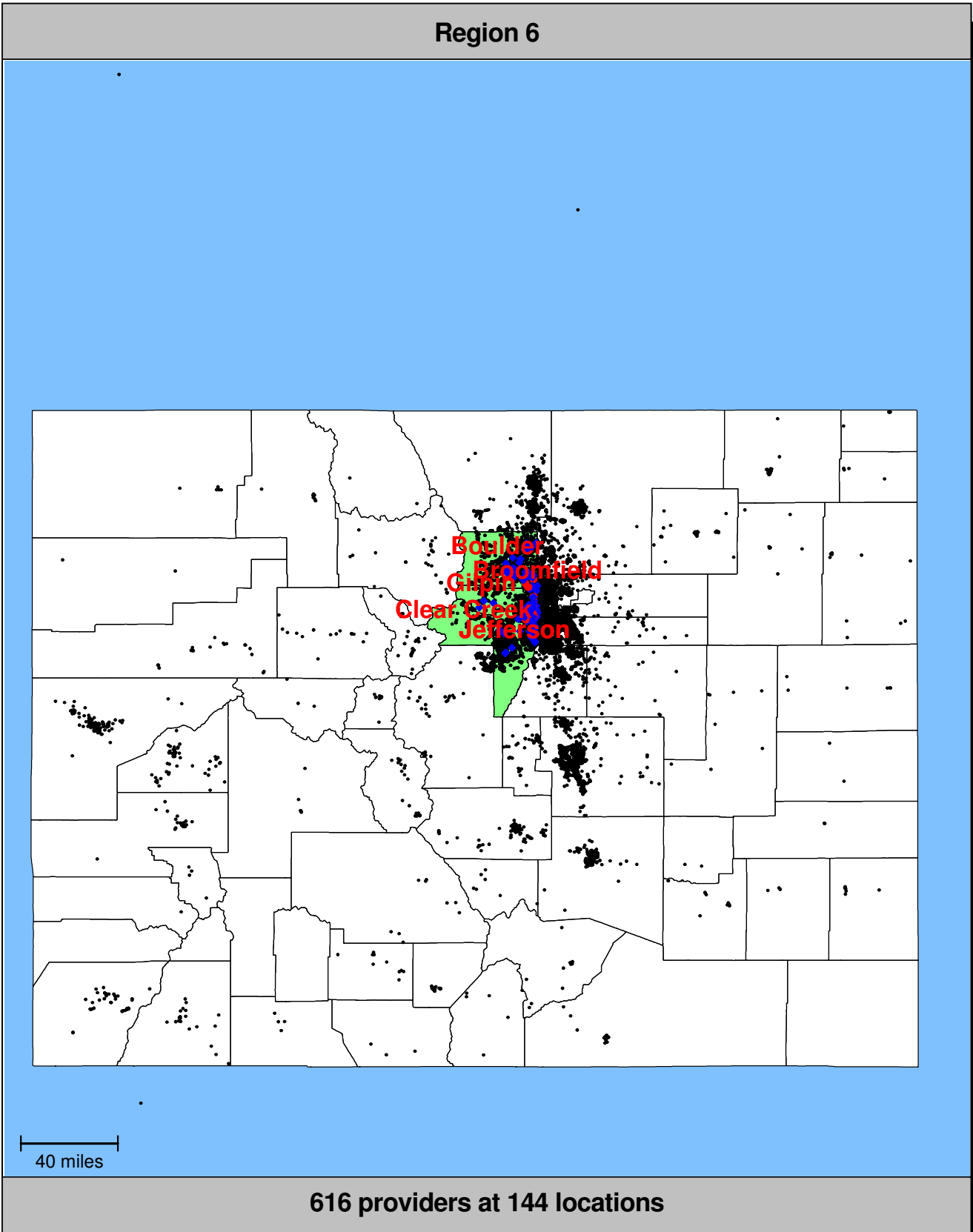


Physical Health Provider locations



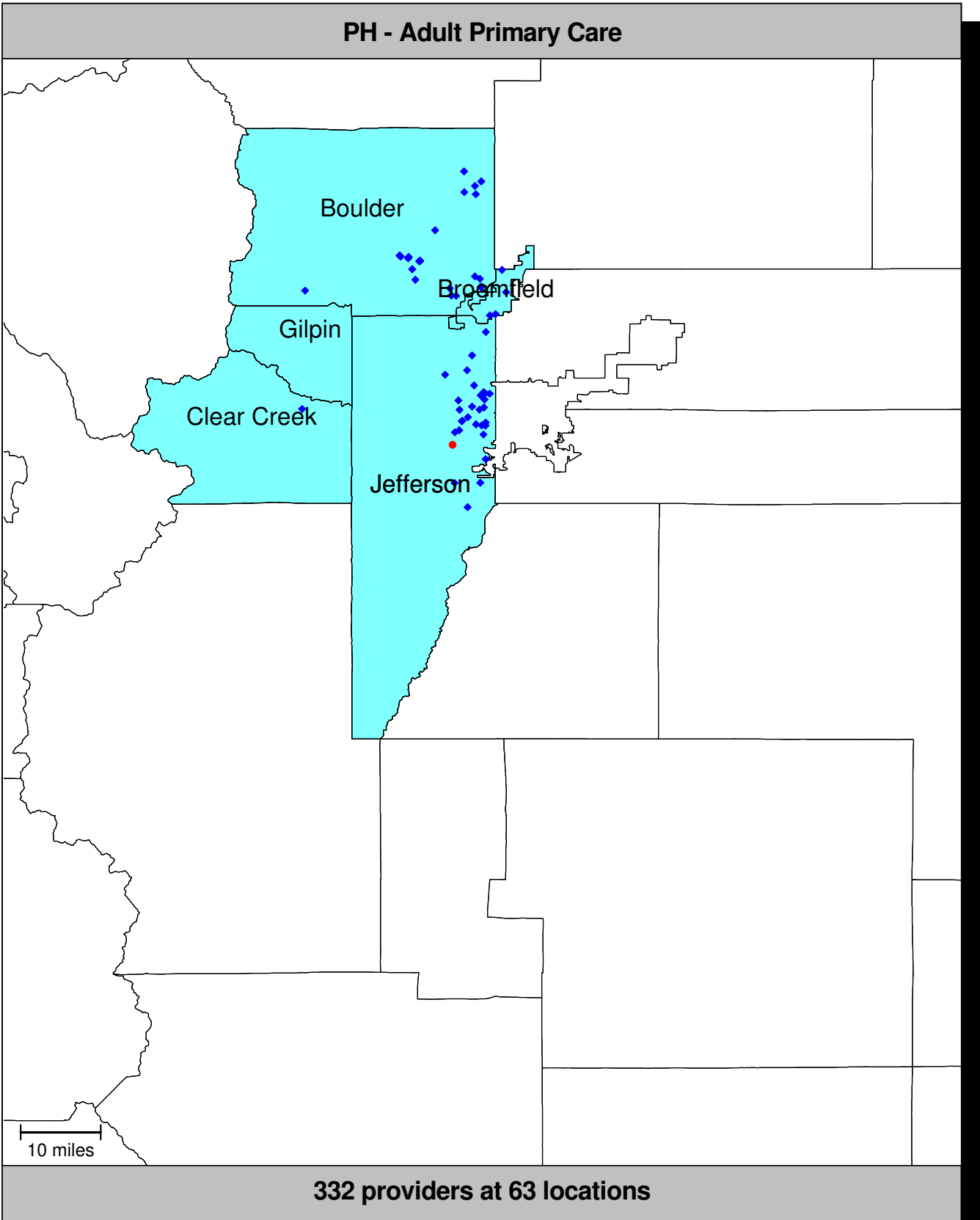
- Member locations (144,532)
- Single provider locations (4)
- ◆ Multiple provider locations (72)

Behavioral Health Provider locations



- Member locations (144,532)
- Single provider locations (10)
- ◆ Multiple provider locations (134)

Region 6 Provider locations



- Single provider locations (1)
- ◆ Multiple provider locations (62)

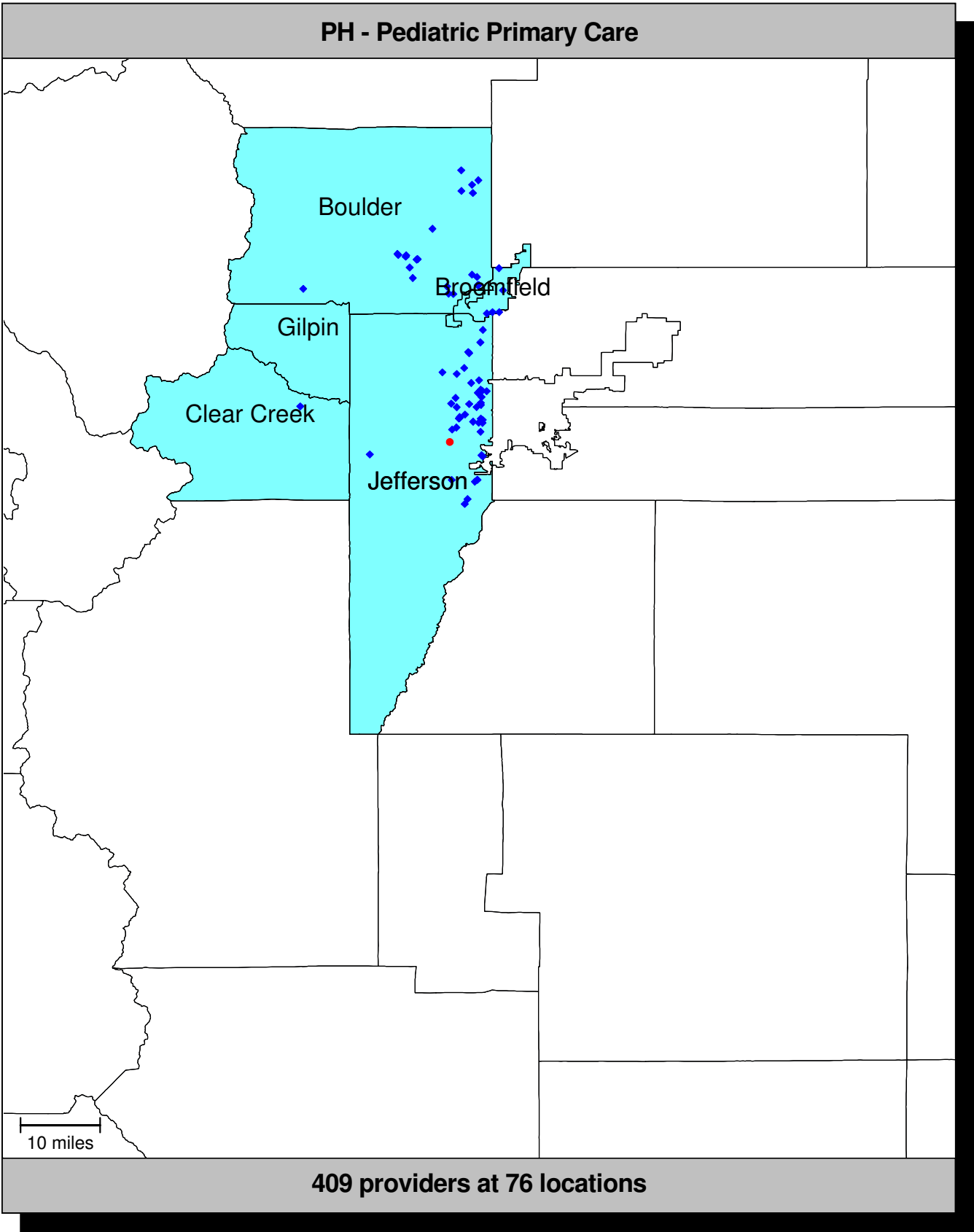
Accessibility summary

Accessibility analysis specifications	
Provider group:	PH - Adult Primary Care 332 providers at 63 locations (based on 510 records)
Member group:	Region 6 Members 144,532 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 45.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 81,833 (100.0%) with access (99.3%), without access (0.7%) Suburban: 24,909 (100.0%) with access (94.5%), without access (5.5%) Rural: 37,300 (100.0%) with access (97.2%), without access (2.8%) Frontier: 490 (100.0%) with access (16.9%), without access (83.1%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	3.8	3.8	4.1	4.2	4.3
Suburban	7.6	7.6	7.6	7.6	7.8
Rural	12.1	12.2	12.7	12.7	12.8
Frontier	171.7	171.7	172.4	172.4	172.5

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
JEFFERSON	65,435	100.0	0.0	2.1
BOULDER	34,411	100.0	0.0	1.6
ADAMS	12,608	100.0	0.0	6.2
DENVER	8,481	100.0	0.0	4.4
WELD	5,960	98.3	1.7	6.1
BROOMFIELD	5,482	100.0	0.0	1.4
ARAPAHOE	2,826	99.3	0.7	10.9
GILPIN	1,924	100.0	0.0	5.1
EL PASO	1,784	5.5	94.5	58.7
DOUGLAS	1,489	100.0	0.0	15.8

Region 6 Provider locations



- Single provider locations (1)
- ◆ Multiple provider locations (75)

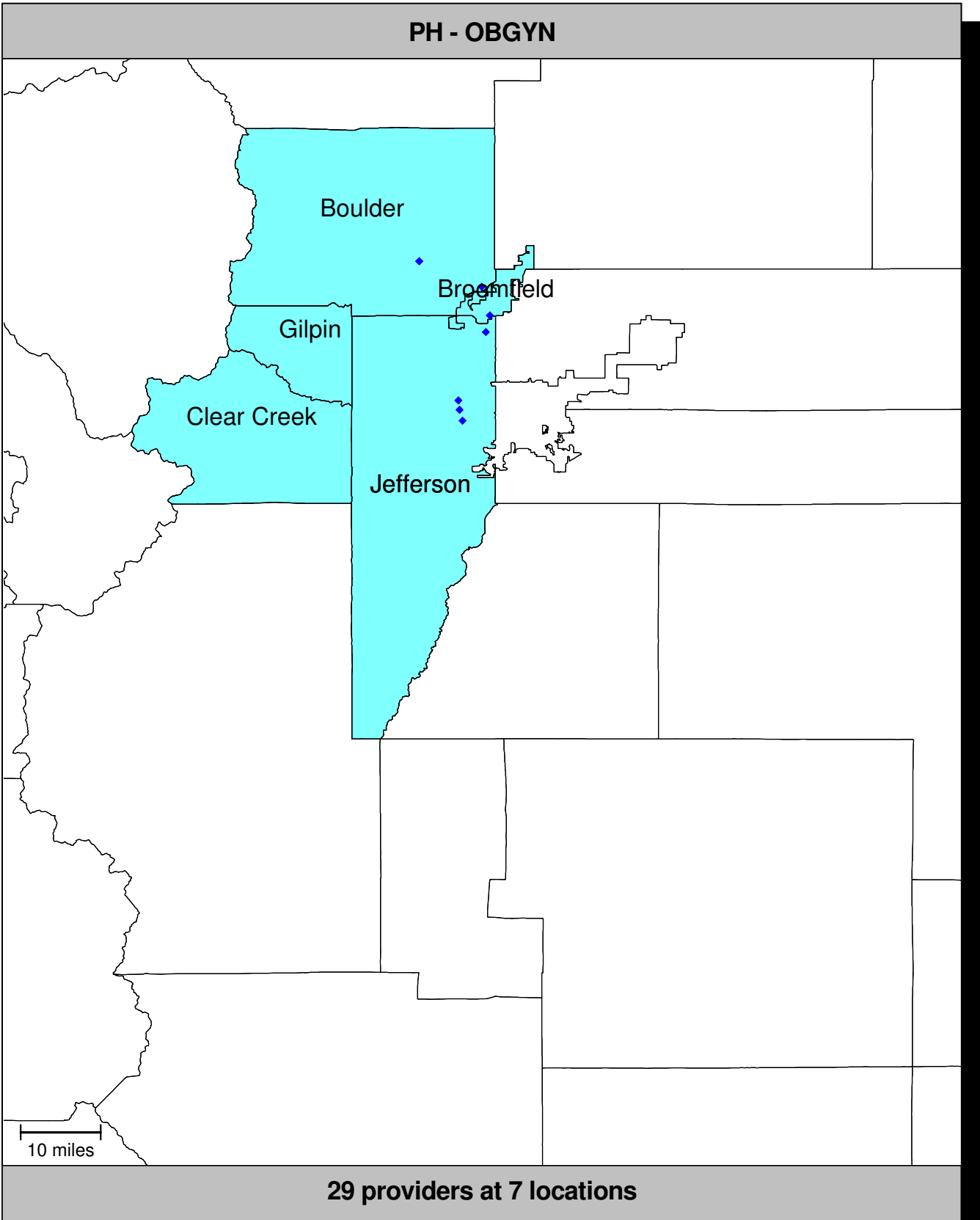
Accessibility summary

Accessibility analysis specifications	
Provider group:	PH - Pediatric Primary Care 409 providers at 76 locations (based on 640 records)
Member group:	Region 6 Members 144,532 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 45.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 81,833 (100.0%) with access (99.3%), without access (0.7%) Suburban: 24,909 (100.0%) with access (94.5%), without access (5.5%) Rural: 37,300 (100.0%) with access (97.2%), without access (2.8%) Frontier: 490 (100.0%) with access (16.9%), without access (83.1%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	3.7	3.7	3.8	3.9	4.2
Suburban	7.5	7.5	7.5	7.5	7.7
Rural	11.6	11.6	12.5	12.6	12.7
Frontier	171.7	171.7	172.4	172.4	172.5

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
JEFFERSON	65,435	100.0	0.0	1.7
BOULDER	34,411	100.0	0.0	1.6
ADAMS	12,608	100.0	0.0	5.8
DENVER	8,481	100.0	0.0	4.3
WELD	5,960	98.3	1.7	6.1
BROOMFIELD	5,482	100.0	0.0	1.3
ARAPAHOE	2,826	99.3	0.7	10.9
GILPIN	1,924	100.0	0.0	5.1
EL PASO	1,784	5.5	94.5	58.7
DOUGLAS	1,489	100.0	0.0	15.8

Region 6 Provider locations



- Single provider locations (0)
- ◆ Multiple provider locations (7)

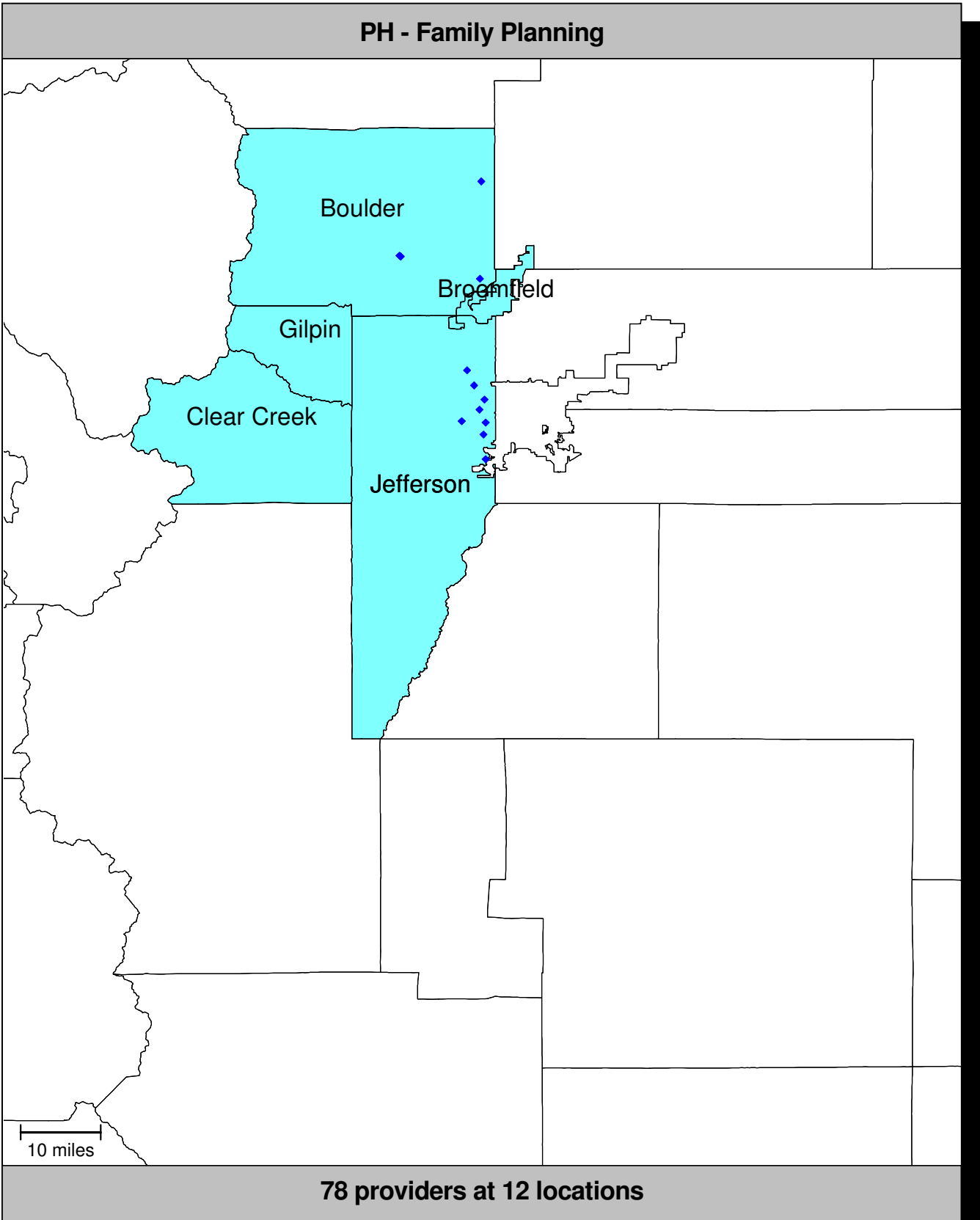
Accessibility summary

Accessibility analysis specifications	
Provider group:	PH - OBGYN 29 providers at 7 locations (based on 44 records)
Member group:	Region 6 Members 144,532 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 45.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 81,833 (100.0%) with access (99.3%), without access (0.7%) Suburban: 24,909 (100.0%) with access (93.6%), without access (6.4%) Rural: 37,300 (100.0%) with access (96.5%), without access (3.5%) Frontier: 490 (100.0%) with access (9.6%), without access (90.4%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	8.4	8.4	8.7	8.7	8.7
Suburban	9.8	9.8	10.2	10.2	10.5
Rural	18.4	18.4	18.5	18.5	18.5
Frontier	183.5	183.5	183.5	183.5	183.5

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
JEFFERSON	65,435	100.0	0.0	5.4
BOULDER	34,411	100.0	0.0	8.0
ADAMS	12,608	100.0	0.0	7.2
DENVER	8,481	100.0	0.0	8.3
WELD	5,960	96.8	3.2	16.0
BROOMFIELD	5,482	100.0	0.0	2.2
ARAPAHOE	2,826	99.3	0.7	17.0
GILPIN	1,924	100.0	0.0	12.1
EL PASO	1,784	0.0	100.0	69.0
DOUGLAS	1,489	99.8	0.2	25.7

Region 6 Provider locations



- Single provider locations (0)
- ◆ Multiple provider locations (12)

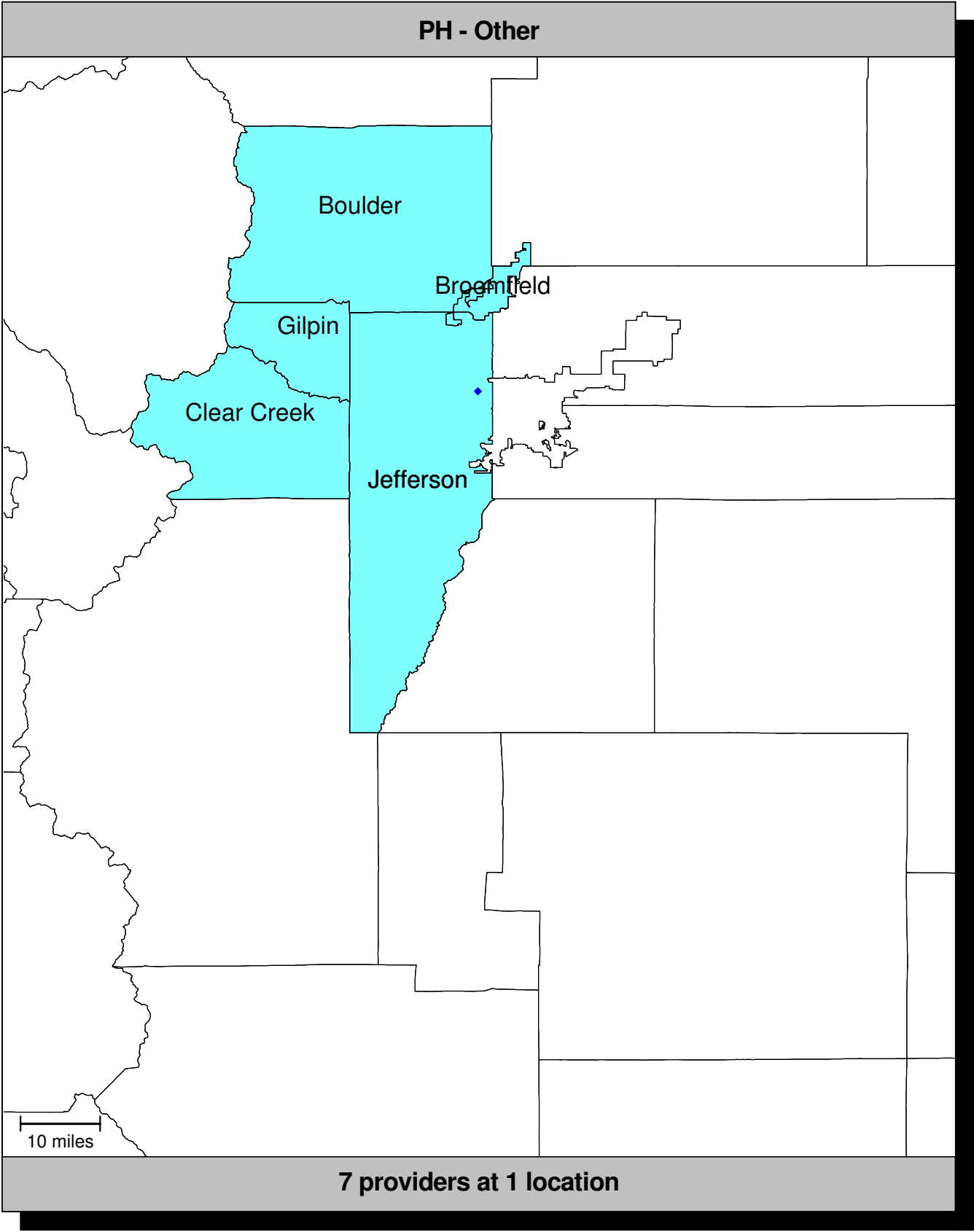
Accessibility summary

Accessibility analysis specifications	
Provider group:	PH - Family Planning 78 providers at 12 locations (based on 151 records)
Member group:	Region 6 Members 144,532 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 45.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 81,833 (100.0%) with access (99.3%), without access (0.7%) Suburban: 24,909 (100.0%) with access (94.5%), without access (5.5%) Rural: 37,300 (100.0%) with access (96.9%), without access (3.1%) Frontier: 490 (100.0%) with access (10.2%), without access (89.8%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	5.0	5.0	5.6	5.8	6.1
Suburban	9.9	9.9	10.0	10.0	10.3
Rural	15.4	15.4	15.8	16.1	16.2
Frontier	180.7	180.7	181.8	181.9	181.9

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
JEFFERSON	65,435	100.0	0.0	3.3
BOULDER	34,411	100.0	0.0	3.3
ADAMS	12,608	100.0	0.0	10.0
DENVER	8,481	100.0	0.0	4.7
WELD	5,960	98.3	1.7	6.7
BROOMFIELD	5,482	100.0	0.0	5.5
ARAPAHOE	2,826	99.3	0.7	11.4
GILPIN	1,924	100.0	0.0	11.6
EL PASO	1,784	2.7	97.3	62.9
DOUGLAS	1,489	100.0	0.0	18.9

Region 6 Provider locations



- Single provider locations (0)
- ◆ Multiple provider locations (1)

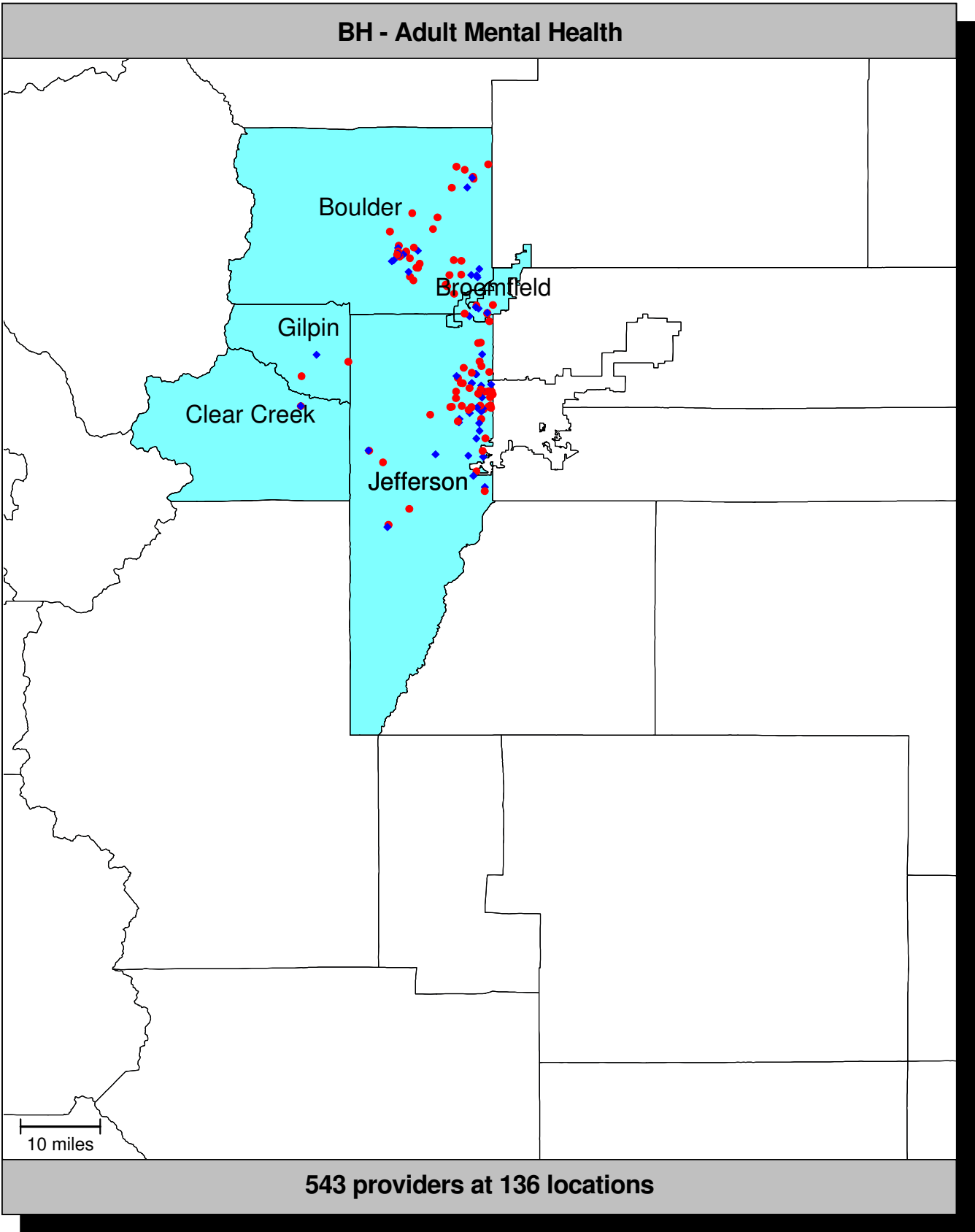
Accessibility summary

Accessibility analysis specifications	
Provider group:	PH - Other 7 providers at 1 location (based on 7 records)
Member group:	Region 6 Members 144,532 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 45.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 81,833 (100.0%) with access (97.1%), without access (2.9%) Suburban: 24,909 (100.0%) with access (93.6%), without access (6.4%) Rural: 37,300 (100.0%) with access (94.6%), without access (5.4%) Frontier: 490 (100.0%) with access (4.9%), without access (95.1%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	11.5	11.5	11.5	11.5	11.5
Suburban	21.6	21.6	21.6	21.6	21.6
Rural	28.8	28.8	28.8	28.8	28.8
Frontier	188.9	188.9	188.9	188.9	188.9

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
JEFFERSON	65,435	100.0	0.0	7.1
BOULDER	34,411	94.4	5.6	24.9
ADAMS	12,608	99.9	0.1	12.8
DENVER	8,481	100.0	0.0	7.6
WELD	5,960	92.9	7.1	29.4
BROOMFIELD	5,482	100.0	0.0	12.6
ARAPAHOE	2,826	99.2	0.8	17.5
GILPIN	1,924	100.0	0.0	16.2
EL PASO	1,784	0.0	100.0	70.8
DOUGLAS	1,489	99.5	0.5	26.7

Region 6 Provider locations



- Single provider locations (85)
- ◆ Multiple provider locations (51)

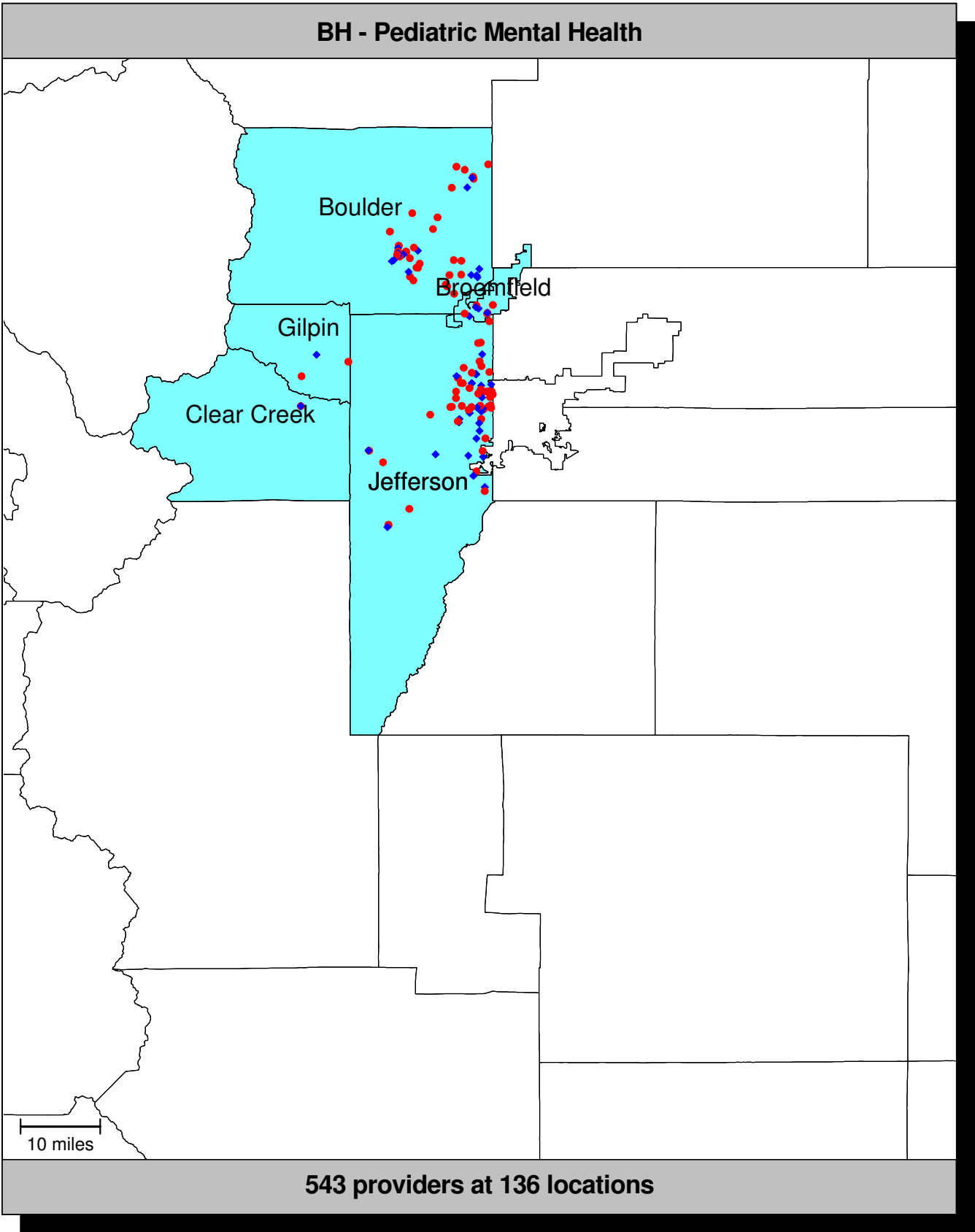
Accessibility summary

Accessibility analysis specifications	
Provider group:	BH - Adult Mental Health 543 providers at 136 locations (based on 1,229 records)
Member group:	Region 6 Members 144,532 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 81,833 (100.0%) with access (99.3%), without access (0.7%) Suburban: 24,909 (100.0%) with access (94.5%), without access (5.5%) Rural: 37,300 (100.0%) with access (97.6%), without access (2.4%) Frontier: 490 (100.0%) with access (16.5%), without access (83.5%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	3.3	3.6	3.7	3.8	4.0
Suburban	7.1	7.4	7.7	7.8	8.0
Rural	11.0	11.7	12.0	12.3	12.7
Frontier	169.8	170.2	170.4	170.7	172.4

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
JEFFERSON	65,435	100.0	0.0	1.5
BOULDER	34,411	100.0	0.0	1.7
ADAMS	12,608	100.0	0.0	6.1
DENVER	8,481	100.0	0.0	4.0
WELD	5,960	98.1	1.9	6.7
BROOMFIELD	5,482	100.0	0.0	1.9
ARAPAHOE	2,826	100.0	0.0	10.6
GILPIN	1,924	100.0	0.0	4.7
EL PASO	1,784	8.9	91.1	59.2
DOUGLAS	1,489	100.0	0.0	15.4

Region 6 Provider locations



- Single provider locations (85)
- ◆ Multiple provider locations (51)

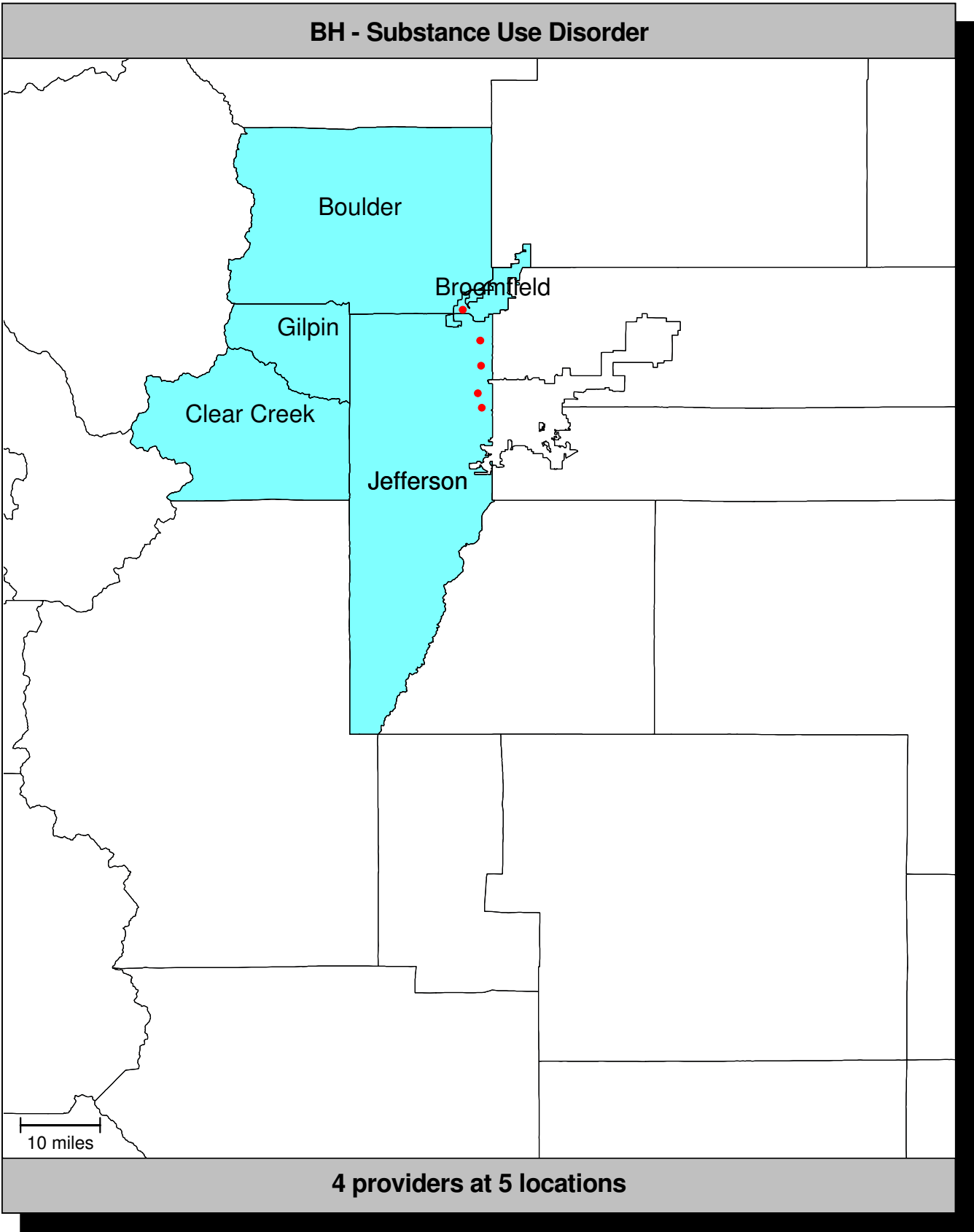
Accessibility summary

Accessibility analysis specifications	
Provider group:	BH - Pediatric Mental Health 543 providers at 136 locations (based on 1,229 records)
Member group:	Region 6 Members 144,532 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 81,833 (100.0%) with access (99.3%), without access (0.7%) Suburban: 24,909 (100.0%) with access (94.5%), without access (5.5%) Rural: 37,300 (100.0%) with access (97.6%), without access (2.4%) Frontier: 490 (100.0%) with access (16.5%), without access (83.5%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	3.3	3.6	3.7	3.8	4.0
Suburban	7.1	7.4	7.7	7.8	8.0
Rural	11.0	11.7	12.0	12.3	12.7
Frontier	169.8	170.2	170.4	170.7	172.4

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
JEFFERSON	65,435	100.0	0.0	1.5
BOULDER	34,411	100.0	0.0	1.7
ADAMS	12,608	100.0	0.0	6.1
DENVER	8,481	100.0	0.0	4.0
WELD	5,960	98.1	1.9	6.7
BROOMFIELD	5,482	100.0	0.0	1.9
ARAPAHOE	2,826	100.0	0.0	10.6
GILPIN	1,924	100.0	0.0	4.7
EL PASO	1,784	8.9	91.1	59.2
DOUGLAS	1,489	100.0	0.0	15.4

Region 6 Provider locations



● Provider locations (5)

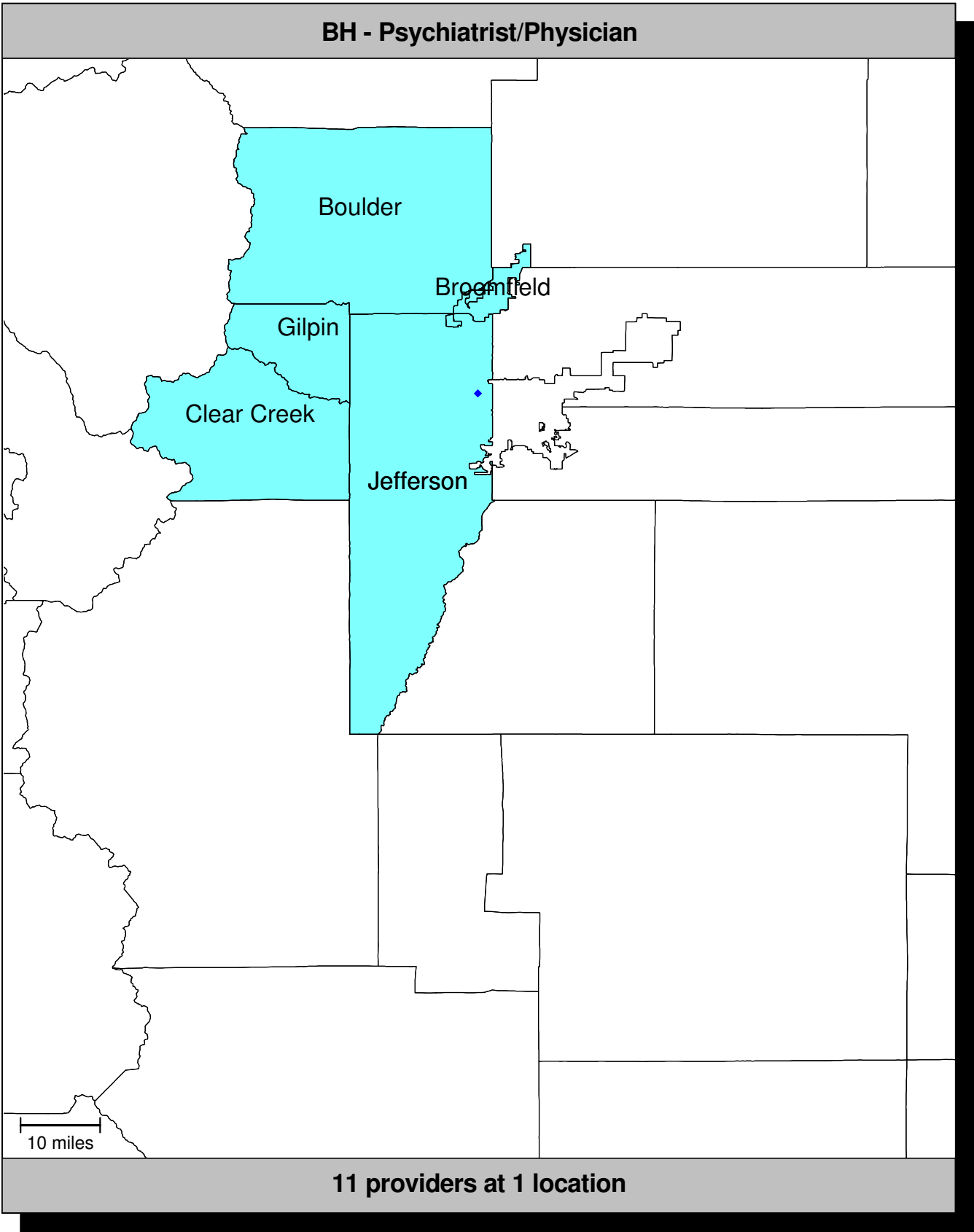
Accessibility summary

Accessibility analysis specifications	
Provider group:	BH - Substance Use Disorder 4 providers at 5 locations (based on 5 records)
Member group:	Region 6 Members 144,532 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 90.0 miles
All members:	Urban: 81,833 (100.0%) with access (99.3%), without access (0.7%) Suburban: 24,909 (100.0%) with access (93.6%), without access (6.4%) Rural: 37,300 (100.0%) with access (97.3%), without access (2.7%) Frontier: 490 (100.0%) with access (22.4%), without access (77.6%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	8.0	10.1	12.8	15.5	19.1
Suburban	13.1	16.4	19.2	22.1	24.3
Rural	22.9	25.6	28.6	31.4	33.4
Frontier	186.6	187.9	190.4	192.6	194.3

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
JEFFERSON	65,435	100.0	0.0	6.7
BOULDER	34,411	100.0	0.0	18.9
ADAMS	12,608	100.0	0.0	9.0
DENVER	8,481	100.0	0.0	7.7
WELD	5,960	97.8	2.2	22.8
BROOMFIELD	5,482	100.0	0.0	6.0
ARAPAHOE	2,826	99.8	0.2	17.4
GILPIN	1,924	100.0	0.0	15.1
EL PASO	1,784	6.0	94.0	70.7
DOUGLAS	1,489	100.0	0.0	26.6

Region 6 Provider locations



- Single provider locations (0)
- ◆ Multiple provider locations (1)

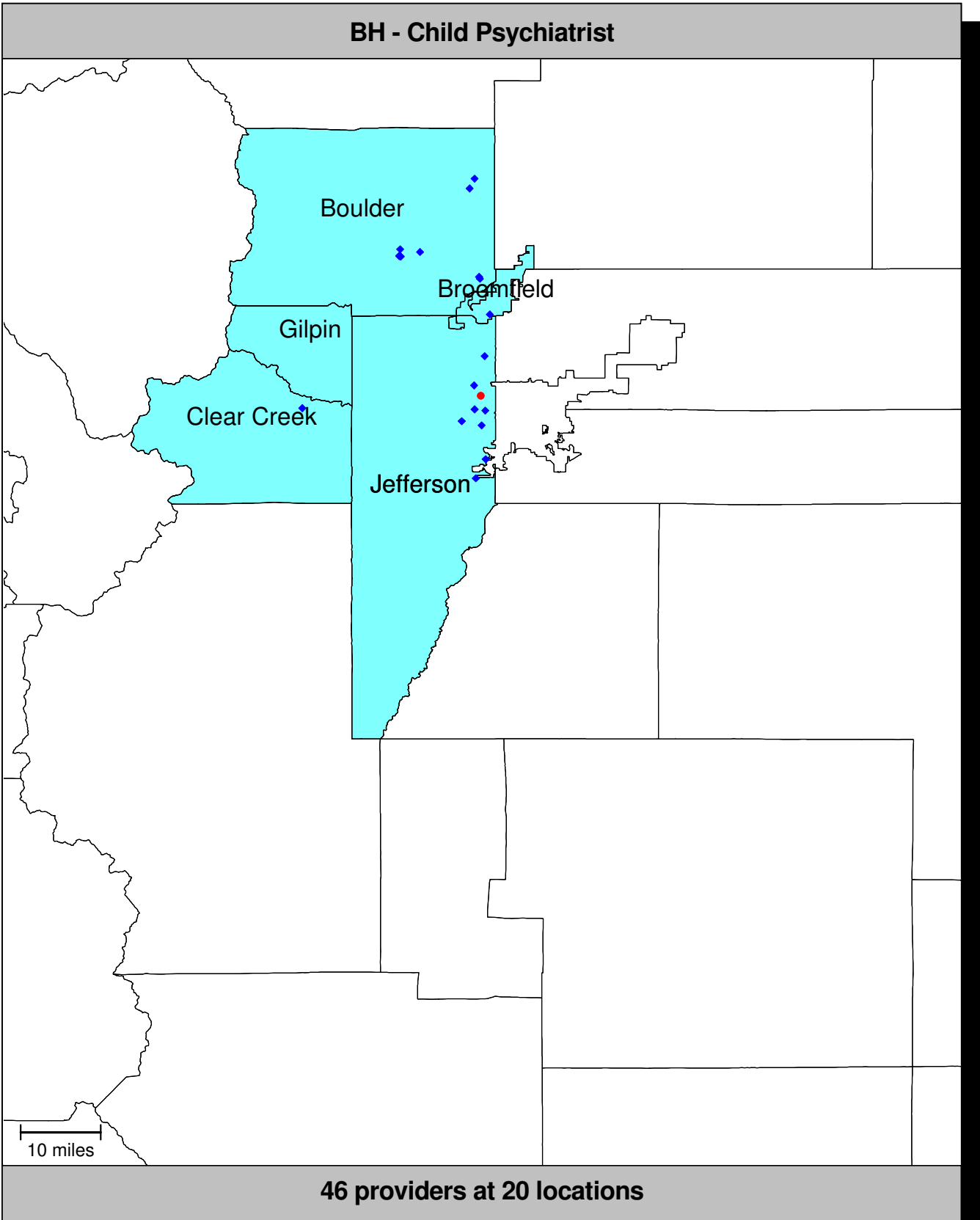
Accessibility summary

Accessibility analysis specifications	
Provider group:	BH - Psychiatrist/Physician 11 providers at 1 location (based on 11 records)
Member group:	Region 6 Members 144,532 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 90.0 miles
All members:	Urban: 81,833 (100.0%) with access (96.9%), without access (3.1%) Suburban: 24,909 (100.0%) with access (93.6%), without access (6.4%) Rural: 37,300 (100.0%) with access (97.2%), without access (2.8%) Frontier: 490 (100.0%) with access (22.4%), without access (77.6%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	11.5	11.5	11.5	11.5	11.5
Suburban	21.6	21.6	21.6	21.6	21.6
Rural	28.8	28.8	28.8	28.8	28.8
Frontier	188.8	188.8	188.8	188.8	188.8

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
JEFFERSON	65,435	100.0	0.0	7.1
BOULDER	34,411	94.2	5.8	25.0
ADAMS	12,608	100.0	0.0	12.9
DENVER	8,481	100.0	0.0	7.5
WELD	5,960	97.7	2.3	29.5
BROOMFIELD	5,482	100.0	0.0	12.6
ARAPAHOE	2,826	99.8	0.2	17.4
GILPIN	1,924	100.0	0.0	16.2
EL PASO	1,784	6.0	94.0	70.7
DOUGLAS	1,489	100.0	0.0	26.6

Region 6 Provider locations



- Single provider locations (1)
- ◆ Multiple provider locations (19)

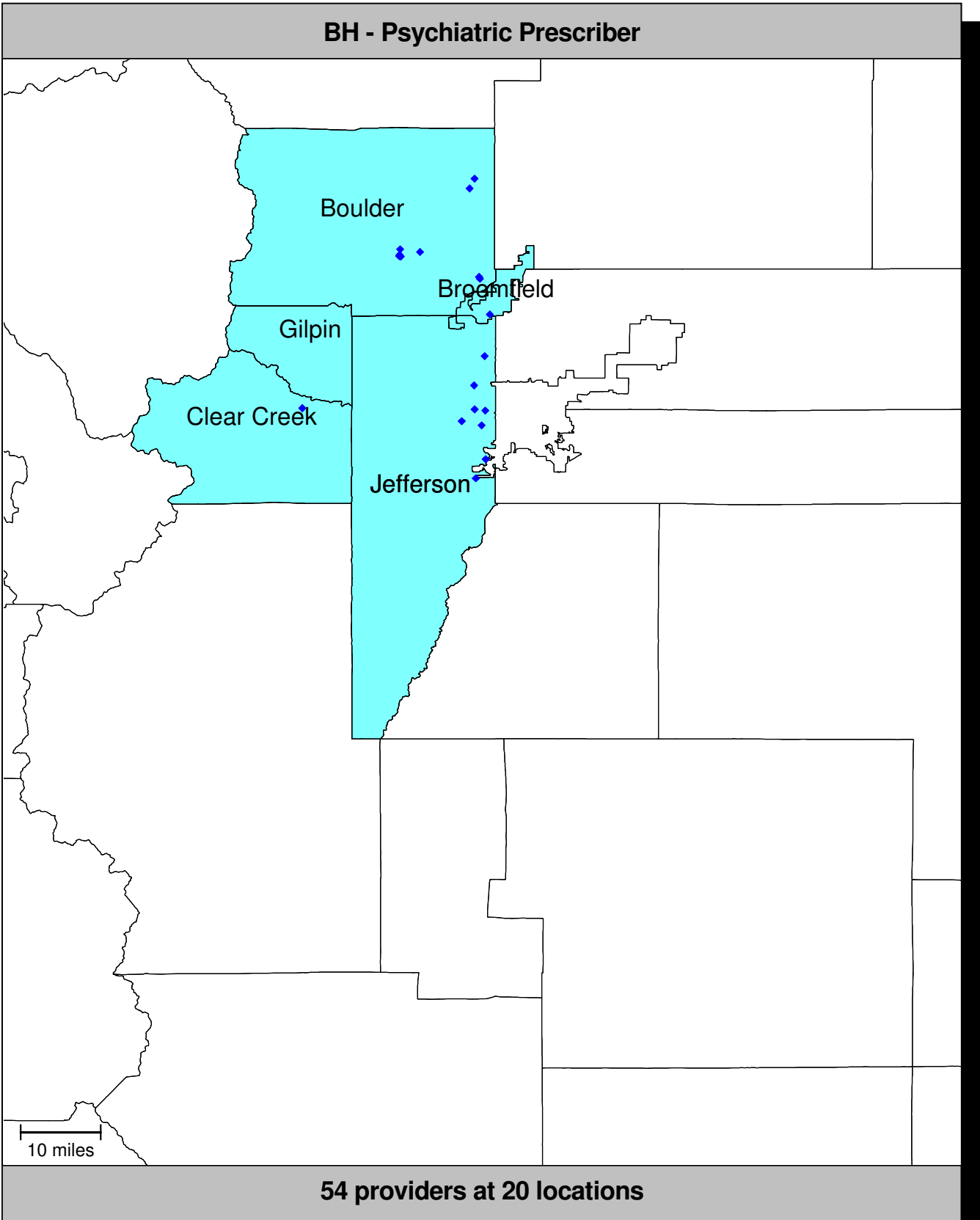
Accessibility summary

Accessibility analysis specifications	
Provider group:	BH - Child Psychiatrist 46 providers at 20 locations (based on 106 records)
Member group:	Region 6 Members 144,532 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 90.0 miles
All members:	Urban: 81,833 (100.0%) with access (99.3%), without access (0.7%) Suburban: 24,909 (100.0%) with access (94.4%), without access (5.6%) Rural: 37,300 (100.0%) with access (97.6%), without access (2.4%) Frontier: 490 (100.0%) with access (30.6%), without access (69.4%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	4.3	4.3	4.6	4.6	5.6
Suburban	8.4	8.4	8.7	8.7	9.8
Rural	13.6	13.6	14.3	14.3	15.6
Frontier	173.2	173.2	173.4	173.4	179.6

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
JEFFERSON	65,435	100.0	0.0	2.8
BOULDER	34,411	100.0	0.0	2.5
ADAMS	12,608	100.0	0.0	6.5
DENVER	8,481	100.0	0.0	5.1
WELD	5,960	98.1	1.9	7.0
BROOMFIELD	5,482	100.0	0.0	2.2
ARAPAHOE	2,826	100.0	0.0	11.3
GILPIN	1,924	100.0	0.0	8.2
EL PASO	1,784	8.4	91.6	61.4
DOUGLAS	1,489	100.0	0.0	17.9

Region 6 Provider locations



- Single provider locations (0)
- ◆ Multiple provider locations (20)

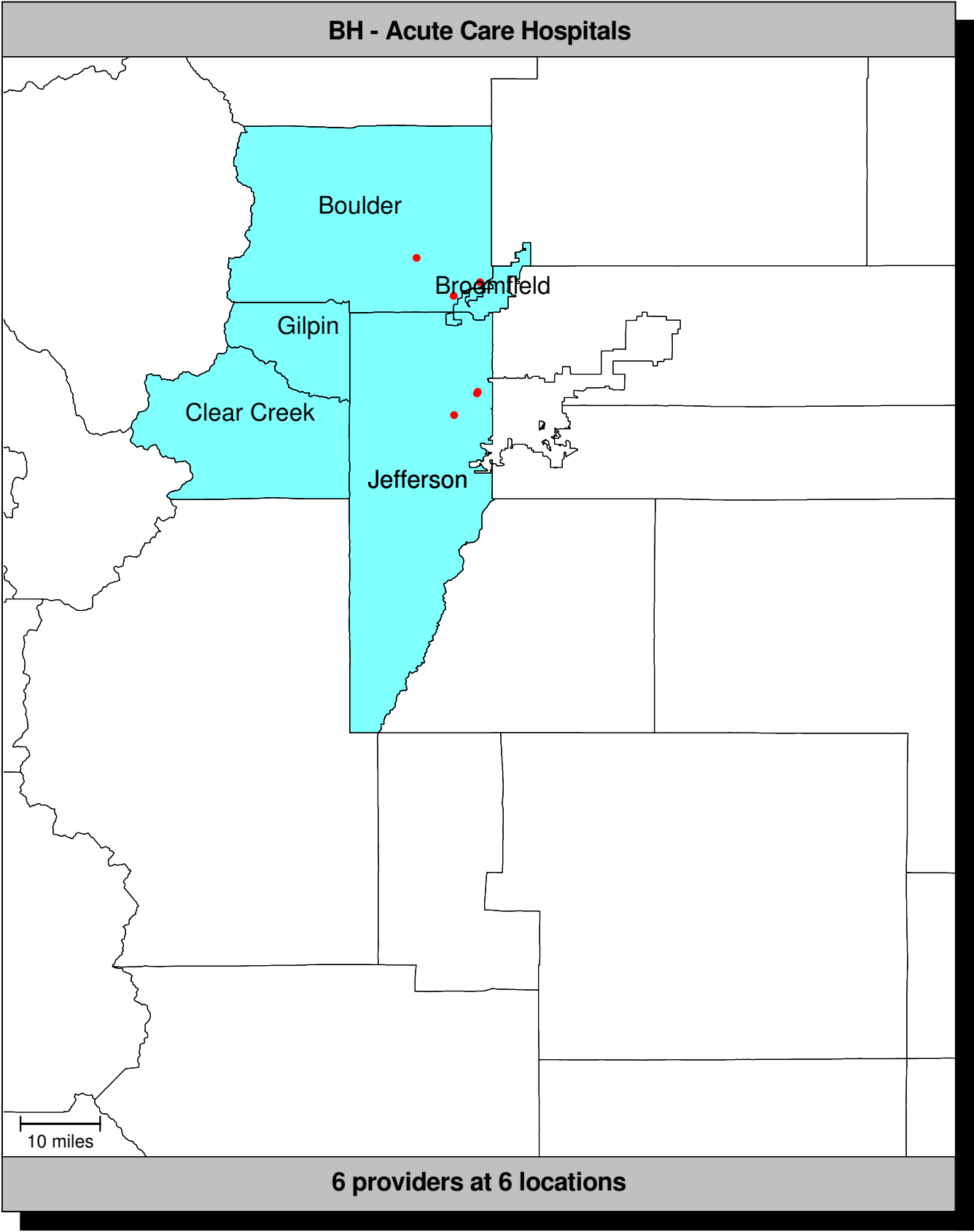
Accessibility summary

Accessibility analysis specifications	
Provider group:	BH - Psychiatric Prescriber 54 providers at 20 locations (based on 113 records)
Member group:	Region 6 Members 144,532 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 90.0 miles
All members:	Urban: 81,833 (100.0%) with access (99.3%), without access (0.7%) Suburban: 24,909 (100.0%) with access (94.4%), without access (5.6%) Rural: 37,300 (100.0%) with access (97.6%), without access (2.4%) Frontier: 490 (100.0%) with access (30.6%), without access (69.4%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	4.3	4.3	4.6	4.6	5.6
Suburban	8.4	8.4	8.7	8.7	9.8
Rural	13.6	13.6	14.3	14.3	15.6
Frontier	173.2	173.2	173.4	173.4	179.6

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
JEFFERSON	65,435	100.0	0.0	2.8
BOULDER	34,411	100.0	0.0	2.5
ADAMS	12,608	100.0	0.0	6.5
DENVER	8,481	100.0	0.0	5.1
WELD	5,960	98.1	1.9	7.0
BROOMFIELD	5,482	100.0	0.0	2.2
ARAPAHOE	2,826	100.0	0.0	11.3
GILPIN	1,924	100.0	0.0	8.2
EL PASO	1,784	8.4	91.6	61.4
DOUGLAS	1,489	100.0	0.0	17.9

Region 6 Provider locations



● Provider locations (6)

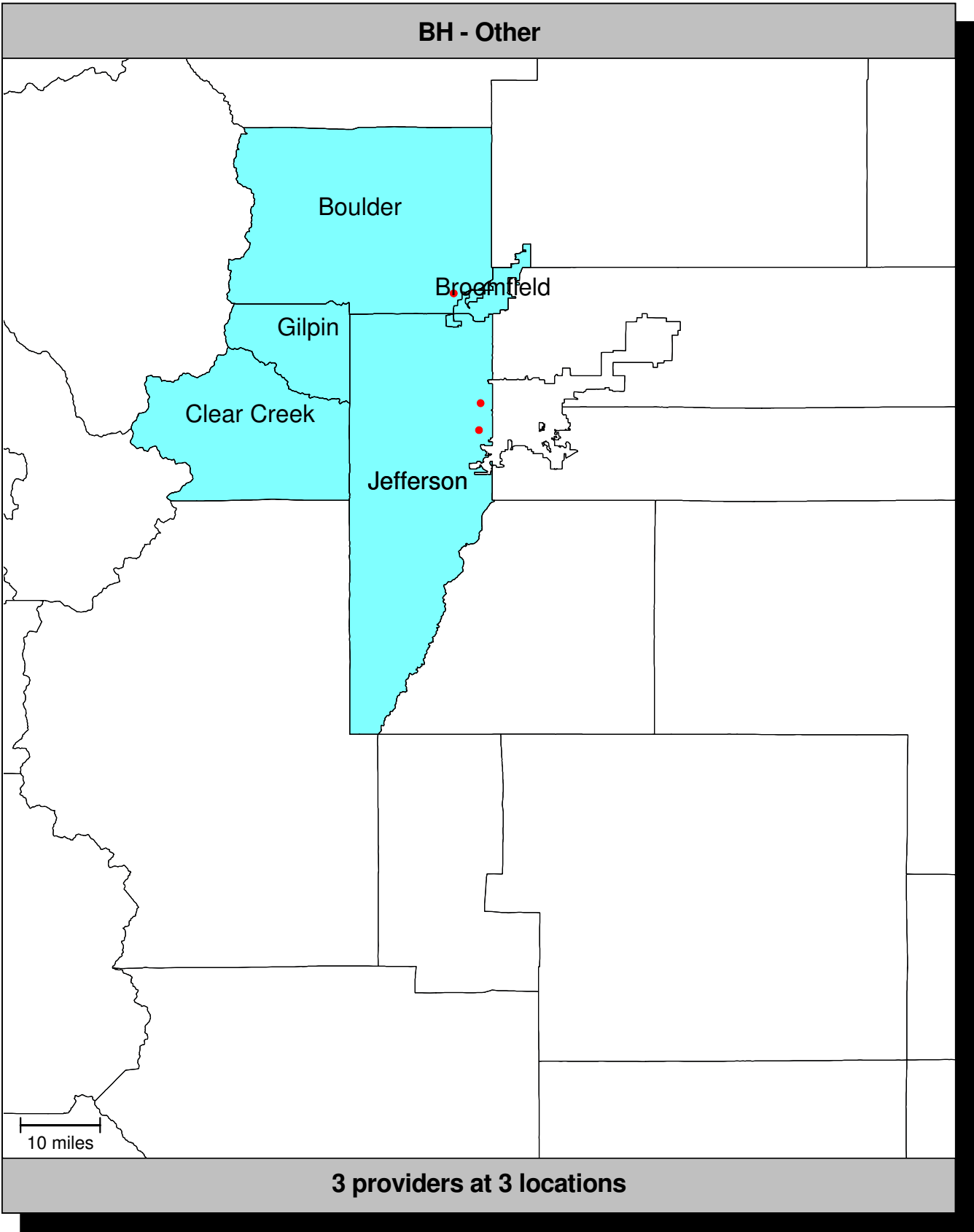
Accessibility summary

Accessibility analysis specifications	
Provider group:	BH - Acute Care Hospitals 6 providers at 6 locations (based on 6 records)
Member group:	Region 6 Members 144,532 members
Access standard:	Urban:2 Providers within 20.0 miles Suburban:2 Providers within 20.0 miles Rural:2 Providers within 30.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 81,833 (100.0%) with access (98.4%), without access (1.6%) Suburban: 24,909 (100.0%) with access (92.0%), without access (8.0%) Rural: 37,300 (100.0%) with access (88.8%), without access (11.2%) Frontier: 490 (100.0%) with access (8.0%), without access (92.0%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	8.7	9.6	11.4	20.2	21.5
Suburban	10.7	14.0	16.9	23.0	24.1
Rural	18.6	22.6	23.7	32.9	34.1
Frontier	183.3	187.0	187.7	194.1	195.2

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
JEFFERSON	65,435	99.6	0.4	6.9
BOULDER	34,411	99.5	0.5	12.4
ADAMS	12,608	99.7	0.3	11.3
DENVER	8,481	100.0	0.0	7.6
WELD	5,960	89.3	10.7	19.6
BROOMFIELD	5,482	100.0	0.0	6.1
ARAPAHOE	2,826	76.2	23.8	17.4
GILPIN	1,924	100.0	0.0	13.7
EL PASO	1,784	0.0	100.0	70.6
DOUGLAS	1,489	36.5	63.5	26.5

Region 6 Provider locations



Accessibility summary

Accessibility analysis specifications	
Provider group:	BH - Other 3 providers at 3 locations (based on 3 records)
Member group:	Region 6 Members 144,532 members
Access standard:	Urban:2 Providers within 20.0 miles Suburban:2 Providers within 20.0 miles Rural:2 Providers within 30.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 81,833 (100.0%) with access (84.7%), without access (15.3%) Suburban: 24,909 (100.0%) with access (68.2%), without access (31.8%) Rural: 37,300 (100.0%) with access (71.3%), without access (28.7%) Frontier: 490 (100.0%) with access (5.1%), without access (94.9%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	8.4	12.8	21.9	---	---
Suburban	13.4	23.0	26.9	---	---
Rural	21.5	29.6	35.6	---	---
Frontier	184.7	188.5	195.5	---	---

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
JEFFERSON	65,435	99.6	0.4	8.2
BOULDER	34,411	38.9	61.1	26.5
ADAMS	12,608	98.6	1.4	15.1
DENVER	8,481	99.7	0.3	8.1
WELD	5,960	45.4	54.6	30.6
BROOMFIELD	5,482	100.0	0.0	13.7
ARAPAHOE	2,826	83.7	16.3	16.2
GILPIN	1,924	94.2	5.8	19.1
EL PASO	1,784	0.0	100.0	69.3
DOUGLAS	1,489	50.8	49.2	25.2