Please indicate below any areas within the region where the network does not meet the choice of 2 providers within contracted time and distance standards. Please describe:

- What actions have been taken to address network deficiencies,
- Whether any deficiencies were resolved during the past quarter and how, and
- What ongoing actions the RAE is implementing to address unresolved network deficiencies while supporting client access and mitigating problems.

1. Physical Health:

Addressing Network Deficiencies to Improve Access to Care

The Region 6 network is sufficient in terms of provider choice available to members per time/distance standards. There are no gaps that exceed a 30 mile drive to a Primary Care Medical Provider (PCMP) within the region. In spite of meeting time and distance standards, Colorado Community Health Alliance (CCHA) remains alert to general access barriers for Medicaid members living in rural areas, including lack of access to transportation and primary care.

To continue to improve access in rural regions, CCHA collaborates with community partners to address disparities in such areas, specifically Clear Creek and Gilpin counties. Below are a few examples of collaborative efforts aimed at improving access to care in Region 6.

Efforts to Increase Access in Clear Creek and Gilpin counties

- CCHA co-locates a social worker at mountain area clinics, Centura Health Physician Group Primary Care Idaho Springs and St. Anthony's Evergreen. Additionally, CCHA care coordinators spend approximately 90 percent of their time in the community, going to members' homes, schools, libraries, local events or coffee shops to reach members where they are in the community to assess needs and connect them with services.
- CCHA collaborates with community partners in Clear Creek to ensure providers and members are connected with local resources, such as:
  - Mountain Area Health & Human Services Group. This group has nonprofit agency representation from Clear Creek, Gilpin, mountain Jefferson, and Park counties. The group meets monthly to cross train and educate one another on services and community resources available to members, collaborate on de-identified complex cases, and develop member-facing resources such as an online tool that houses information on local resources.
  - CCHA and the Regional Health Connector collaborated with Clear Creek Public Health to host a mobile mammography event in Evergreen, which provided access to preventative exams for members in Clear Creek and Gilpin counties in July 2018.
- In October 2017, CCHA awarded Clear Creek County Public and Environmental Health (CCCPE) $34,600 in conditional funding to help launch their four-way collaborative approach to diabetes prevention, including a weigh and win kiosk at the Community Resource Center. The program is community-wide but supported by the physicians at the Clear Creek County clinic.

COLORADO
Department of Health Care
Policy & Financing

RAE Name: Colorado Community Health Alliance   Region # 6
Period Covered: Quarter 1 SFY 2018-19

- o CCCPE plans to assess the efficacy of the program by measuring the number of Health First Colorado members enrolled in the project, weight loss, and improvements in laboratory measurements (HbA1c). As of July 2018, HbA1c measures were not yet available. CCCPE continues to work through logistical issues with laboratory measures but moving forward with the weigh and win portion of the initiative. CCCPE will submit results of the program in December 2018.

Network Development, Support and Improvement Activities

CCHA continued efforts to develop both the primary care and behavioral health network for the first quarter following RAE implementation. Activities related to building a robust provider network include recruitment and contracting as well as efforts to support the already-contracted network. Additionally, initial work began this quarter to engage the health neighborhood and community in partnering with the provider network to improve access to care. Below is a summary of notable activities during the reporting period.

Provider Recruitment and Contracting

- In the first quarter of the program, CCHA contracted ten additional PCMP locations in Region 6.
- To onboard new providers, CCHA completed new provider orientation with one practice in Region 6; two are scheduled for the next reporting period. The majority of the newly contracted locations in Region 6 are provider groups with which CCHA currently holds a contract, and these providers are engaged in ongoing provider support services.
- Understanding ACC 2.0 was implemented with significant changes impacting the provider network, CCHA opted to stabilize the providers' per member per month payments for the first quarter to help offset unanticipated financial burden to providers.

Network Support and Improvement

The majority of CCHA's efforts to support the physical health network in Region 6 were focused on attribution and payment.

- To address decreased attribution to pediatric practices due to case logic, CCHA began collaborating with other RAEs and the Department to facilitate panel and missing member analyses for these practices. Outcomes from these analyses will be noted in the next report.
- CCHA continues to work with practices to address decreased attribution resulting from the transition from a global billing ID to location-specific IDs. CCHA has found that practices are struggling to get existing members assigned to practices with which they have history due to a lack of claims history associated with the new IDs. This is an ongoing issue in which CCHA will continue to monitor as system utilization begins to demonstrate such provider-member relationships.
- In total, CCHA assisted 19 provider entities (45 locations) with increasing or limiting enrollment capacity to help address attribution issues.
- As the Enrollment Broker and interChange systems are not synchronized with accurate information on practice enrollment capacity, CCHA continues to support providers by communicating updates and ensuring the Department remains informed on trending issues and feedback from the member and provider community.

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Department of Health Care
Policy & Financing

RAE Name: Colorado Community Health Alliance   Region # 6
Period Covered: Quarter 1 SFY 2018-19

Health Neighborhood & Community

CCHA believes an engaged, educated, and connected health neighborhood and community effectively engages its members and better supports the work of the provider network. For this reason, CCHA held and attended numerous community meetings to help build knowledge and improve coordination among the RAE and local service providers as well as help connect members to their medical home. Below are a few highlights of some of the health neighborhood and community activities during this reporting period. A more comprehensive report of these activities will be reported in the health neighborhood and community deliverable, to be submitted in January 2019.

- CCHA hosted the Region 6 Regional Performance Improvement Advisory Committee on September 26, 2018, and was attended by 17 community partners and providers. Ongoing, this forum will provide CCHA an opportunity to share important updates with the provider network.
- CCHA hosted a Physical and Behavioral Health Provider Kickoff Meeting, attended by 60 providers and community partners, on September 6, 2018. The purpose of this meeting was to engage the provider network, inform of CCHA care coordination services, discuss Key Performance Indicators, and answer questions from providers. These meetings will be used to inform providers of relevant updates and garner feedback through group discussions.
- CCHA met with the Peak to Peak Housing and Human Services Alliance to discuss housing, transportation, emergency preparedness and other issues facing the Nederland area.
- CCHA met with the Boulder Broomfield Community Transitions Workgroup, which is a collaborative tasked with integrating two new components of community transition services, Extended Transition Services and Housing Navigation Services.
- CCHA participated in the Aging Well Workgroup, which is focused on identifying support services for care givers. This workgroup is focused on strategic planning around improving integrated services and the development of inclusive, livable communities.

Monitoring Network Adequacy

In addition to time and distance standards, member access to care is monitored and tracked through providers' timeliness of care, after-hours availability, and accessibility. CCHA's practice support efforts help ensure providers can accommodate appointments for more urgent or acute care needs using the 3rd Next Available Appointment methodology. In higher-volume practices, same-day and acute care is often provided by dedicated mid-level practitioners staffed within the practice. Additionally, many of the CCHA-contracted practices offer both weekend and evening hours, extending to 7pm and weekends. To educate providers on these standards, CCHA hosts an orientation for newly contracted providers. This orientation also serves as a forum to educate providers on various level of support CCHA provides, such as member educational materials indicating where and when to access care.

Members can find a provider, and general information about providers' accommodations using the Find a Provider tool on CCHA's website. Though PCMP hours are not posted on the website due the frequency of updated hours, members can connect with CCHA Member Support Specialists for assistance with selecting a provider that offers extended hours and information about alternative options for urgent needs.

RAE Name: Colorado Community Health Alliance   Region # 6
Period Covered: Quarter 1 SFY 2018-19

Practice Accessibility

CCHA recognizes that practice accessibility is an important component of person-centered care. To monitor access for special populations and better evaluate accessibility among practices in the Region 6 network, CCHA began the following activities during this reporting period:

- Evaluate how American with Disabilities Act (ADA) accessibility information is collected on the PCMP contracting application.
- Review how accessibility information is recorded and displayed in CCHA's online Find a Provider tool and subsequent linkage to Member Support Specialists who staff the Member call center.
- Assess how CCHA's Practice Transformation team is supporting the provider network with regard to ADA accessibility.

CCHA will provide updates on our efforts to monitor accessibility in future reporting periods.

Appointment Availability

A summary of the percentage of providers accepting new members and those offering after-hours appointment availability is below:

- 85.0% of PCMPs are accepting new Medicaid Members
- 100% of behavioral health providers are accepting new Medicaid Members
- 54.9% of PCMPs are offering after-hours appointment availability to Medicaid Members
- 100% of behavioral health providers are offering after-hours appointment availability to Medicaid Members

2. Behavioral Health

Addressing Network Deficiencies to Improve Access to Care

CCHA adopts an integrated approach to care, so most activities indicated in the physical health section are applicable to the behavioral health network as well. CCHA continues to expand the behavioral health network in Region 6 and statewide through an open network to ensure access to integrated primary and behavioral health care. Efforts to develop a robust behavioral health network are aimed to span all levels of care, including hospital systems with facility access, all Community Mental Health Centers (CMHCs), and Federal Qualified Health Centers across Colorado. CCHA will continue to be responsive to network needs and review all new provider contracting requests.

CCHA is addressing access deficiencies by creating an open behavioral health network and contracting behavioral health providers who meet credentialing standards. The previous Behavioral Health Organization's network was closed to new providers, so operating with an open network has garnered interest from behavioral health providers to join our network and offers the potential to significantly improve access to mental health services, particularly to members who reside in rural zip codes that exist in Region 6 counties. Further, CCHA is contracting statewide with CMHCs and other behavioral health providers to improve access for members who travel to other parts of the state, or who find it more feasible to see a provider that isn't located in the region.

COLORADO
Department of Health Care
Policy & Financing

RAE Name: Colorado Community Health Alliance   Region # 6

Period Covered: Quarter 1 SFY 2018-19

Below are a few examples of collaborative efforts in which CCHA is engaged to help expand, support, and build the behavioral health care network:

Clear Creek and Gilpin Counties

Clear Creek and Gilpin counties include rural zip codes within Region 6, which continue to lack hospital and substance abuse providers. Though these areas remain challenging for increasing access to services due to a general absence of providers, CCHA is working with these communities to improve the services provided by the Region 6 Community Mental Health Centers (CMHCs). Additionally, CCHA is now contracted with one Adult Mental Health provider in each county, and members have the option to access other mental health, substance abuse, and hospital services in adjacent RAE counties using transportation assistance available through community partners.

Network Development, Support and Improvement Activities

- As of the end of the reporting period, CCHA completed contracts for 13 of the 17 CMHCs.
- In the first quarter of the program, CCHA hosted six open mic sessions in Region 6. The open mic sessions served to onboard behavioral health providers during the transition period.
  - An "Open mic" session is a prearranged time allowing providers an opportunity to share questions/concerns and discuss resolution for outstanding issues. The open mics have proven to be successful for both CCHA and providers, as various barriers were identified, mitigated, and bi-directional communication and education was provided during these sessions. These sessions were well attended by providers who stated their appreciation of the openness and transparency of our process.
- CCHA finalized the contract negotiations with Centura Hospital System.
- CCHA finalized contract negotiations with UCHealth.
- CCHA is working with Jefferson Center for Mental Health and Mental Health Partners to train on processes to align with upcoming performance measures.
- CCHA is collaborating with these Centers to develop an Alternative Payment Model related to the behavioral health incentive measures and key performance indicators.
- CCHA's Provider Relations team is working with the provider community to address provider's concerns and barriers.
- CCHA is working with Jefferson County Human Services Children, Youth, Families, and Adult Protection to contract their Core Service Providers.
- CCHA is meeting with Signal Behavioral Health to create a strong integration of services for members requiring substance abuse treatment.
- CCHA continues to dialogue with the IMD facilities to build processes that will work within the state guidelines.

RAE Name: Colorado Community Health Alliance   Region # 6   Period Covered: Quarter 1 SFY 2018-19

1. Please complete the tables for all of the providers in your network.

NOTE: For the Physical Health Provider Type, please enter either: Adult Primary Care, Family Medicine, Pediatric Primary Care, OB/GYN, CMHC, or Other.

PHYSICAL HEALTH								
Network Provider (Practice sites)[1]	County	Provider Type[2]	Number of Practitioners[3]	New Provider	Left the Network	Accepting New Clients	Provides after-hours care[4]	Single Case Agreement
				Please Check if applicable				
42	Boulder	All	224	0	0	32 sites	33 sites	None
36	Boulder	Family Medicine	201	0	0	31 sites	33 sites	None
40	Boulder	Adult Primary Care	217	0	0	31 sites	33 sites	None
42	Boulder	Pediatric Primary Care	224	0	0	32 sites	33 sites	None
4	Boulder	OB/GYN	20	0	0	3 sites	3 sites	None
6	Broomfield	All	21	0	0	6 sites	1 site	None
4	Broomfield	Family Medicine	13	0	0	4 sites	1 site	None
5	Broomfield	Adult Primary Care	14	0	0	5 sites	1 site	None
6	Broomfield	Pediatric Primary Care	21	0	0	6 sites	0 sites	None
1	Broomfield	OB/GYN	1	0	0	1 site	0 sites	None

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[1] Categories are not mutually exclusive. For example, a clinic may be counted in Family Medicine, Adult Primary Care, and Pediatric Care.

[2] Totals for each provider type are not necessarily unique. For example, a single rendering provider is included in both the adult and pediatric practitioner totals if services are open to both demographics. Additionally, primary care provider information is inclusive of both voluntary and contractually required information. As such, the following information is likely underreported: providers' secondary and tertiary specialty types, particularly for OB/GYN specialists; the number of individual providers accepting new Medicaid members, as this is primarily managed at the practice level.

[3] Kaiser PCMPs are excluded from this report, so the number of practitioners in Boulder and Jefferson counties is underreported for this reporting period. CCHA is in the process of validating provider data from Kaiser, and it will be incorporated in the next report.

[4] Data for after-hours care reflects all providers offering weekend appointments and weekday appointments outside the hours of 8:00am to 5:00pm.

COLORADO
Department of Health Care
Policy & Financing

RAE Name: Colorado Community Health Alliance   Region # 6   Period Covered: Quarter 1 SFY 2018-19

PHYSICAL HEALTH (continued)								
Network Provider (Practice sites)[5]	County	Provider Type[6]	Number of Practitioners[7]	New Provider	Left Network	Accepting New Clients	Provides after-hours care[8]	Single Case Agreement
1	Clear Creek	All	4	0	0	1 site	0 sites	N/A
1	Clear Creek	Adult Primary Care	4	0	0	1 site	0 sites	N/A
1	Clear Creek	Family Medicine	4	0	0	1 site	0 sites	N/A
1	Clear Creek	Pediatric Primary Care	4	0	0	1 site	0 sites	N/A
0	Clear Creek	OB/GYN	4	0	0	0 sites	0 sites	N/A
0	Gilpin	All	0	0	0	0 sites	0 sites	N/A
65	Jefferson	All	301	10	0	57 sites	28 sites	N/A
41	Jefferson	Family Medicine	184	0	0	36 sites	17 sites	N/A
46	Jefferson	Adult Primary Care	229	0	0	40 sites	17 sites	N/A
62	Jefferson	Pediatric Primary Care	287	0	0	55 sites	27 sites	N/A
4	Jefferson	OB/GYN	15	0	0	3 sites	0 sites	N/A

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[5] Categories are not mutually exclusive. For example, a clinic may be counted in Family Medicine, Adult Primary Care, and Pediatric Care.

[6] Totals for each provider type are not necessarily unique. For example, a single rendering provider is included in both the adult and pediatric practitioner totals if services are open to both demographics. Additionally, primary care provider information is inclusive of both voluntary and contractually required information. As such, the following information is likely underreported: providers' secondary and tertiary specialty types, particularly for OB/GYN specialists; the number of individual providers accepting new Medicaid members, as this is primarily managed at the practice level.

[7] Kaiser PCMPs are excluded from this report, so the number of practitioners in Boulder and Jefferson counties is underreported for this reporting period. CCHA is in the process of validating provider data from Kaiser, and it will be incorporated in the next report.

[8] Data for after-hours care reflects all providers offering weekend appointments and weekday appointments outside the hours of 8:00am to 5:00pm.

COLORADO
Department of Health Care
Policy & Financing

RAE Name: Colorado Community Health Alliance   Region # 6   Period Covered: Quarter 1 SFY 2018-19

NOTE: For the Behavioral Health Provider Types, please enter either: Adult Mental Health Provider, Pediatric Mental Health Provider, Substance Use Provider, Psychiatrist, Child Psychiatrist, Psychiatric Prescriber, or Other.

BEHAVIORAL HEALTH									
Network Provider (Practice sites)[9]	**County[10]**	**Provider Type**	**The Number of Licensed Behavioral Health Practitioners and Clinicians[11]**	**New Provider**	**Left the Network**	**Accepting New Clients**	**Provides after-hours care**	**Single Case Agreement**	**Located in PCMP Practice[12]**
				Please Check if applicable					
89	Boulder	Adult Mental Health	143	31	0	143	143	0	4
35	Boulder	Pediatric Mental Health	143	14	0	143	143	0	3
7	Boulder	Substance Use Provider	5	4	0	5	5	0	0
12	Boulder	Psychiatrist	22	0	0	22	22	0	2
14	Boulder	Psychiatric Prescriber	28	1	0	28	28	0	2
6	Boulder	Other	6	1	0	6	6	1	0
14	Broomfield	Adult Mental Health	29	2	0	29	29	0	0
8	Broomfield	Pediatric Mental Health	18	1	0	18	18	0	0
2	Broomfield	Psychiatrist	3	0	0	3	3	0	0
1	Broomfield	Child Psychiatrist	1	0	0	1	1	0	0
2	Broomfield	Psychiatric Prescriber	3	0	0	3	3	0	0
2	Broomfield	Other	2	0	0	2	2	0	0

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[9] Number of practice sites reflects unique addresses among licensed clinicians. A practice site was considered unique if any part of a complete address was unique, including any variation in abbreviations and suite numbers.

[10] "Other" County includes all counties outside of Region 6.

[11] In order for CCHA to report on the number of licensed behavioral health providers in accordance with the Behavioral Health Provider Type categories indicated in this report, CCHA created a manual cross-walk. CCHA continues to refine the methodology by which behavioral health provider specialties correlate to the specified provider types in this report. As such, provider counts in this report may not align to numbers indicated in the annual Network Adequacy Plan.

[12] Number of practice sites located in PCMP practice reflects the number of unique addresses among licensed clinicians that had an exact match with the address of a PCMP location in Region 6.

COLORADO
Department of Health Care
Policy & Financing

ACC Network Adequacy Report
UPDATED: 3/29/18

RAE Name: Colorado Community Health Alliance   Region # 6   Period Covered: Quarter 1 SFY 2018-19

BEHAVIORAL HEALTH (continued)									
Network Provider (Practice sites)[13]	County[14]	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians[15]	New Provider	Left the Network	Accepting New Clients	Provides after-hours care	Single Case Agreement	Located in PCMP Practice[16]
1	Clear Creek	Adult Mental Health	1	0	0	1	1	0	0
1	Gilpin	Adult Mental Health	1	0	0	1	1	0	0
120	Jefferson	Adult Mental Health	390	40	0	390	390	0	9
48	Jefferson	Pediatric Mental Health	57	6	0	57	57	0	6
9	Jefferson	Substance Use Provider	6	4	0	6	6	0	0
9	Jefferson	Psychiatrist	19	0	0	19	19	0	1
12	Jefferson	Psychiatric Prescriber	31	1	0	31	31	0	2
4	Jefferson	Other	5	1	0	5	5	0	0
620	Other	Adult Mental Health	912	256	0	912	912	0	n/a
275	Other	Pediatric Mental Health	310	90	0	310	310	0	n/a
28	Other	Substance Use Provider	22	8	0	22	22	0	n/a
76	Other	Psychiatrist	33	1	0	33	33	0	n/a
17	Other	Child Psychiatrist	5	0	0	5	5	0	n/a
96	Other	Psychiatric Prescriber	69	13	0	69	69	0	n/a
50	Other	Other	48	4	0	48	48	1	n/a

[13] Number of practice sites reflects unique addresses among licensed clinicians. A practice site was considered unique if any part of a complete address was unique, including any variation in abbreviations and suite numbers.

[14] "Other" County includes all counties outside of Region 6.

[15] In order for CCHA to report on the number of licensed behavioral health providers in accordance with the Behavioral Health Provider Type categories indicated in this report, CCHA created a manual cross-walk. CCHA continues to refine the methodology by which behavioral health provider specialties correlate to the specified provider types in this report. As such, provider counts in this report may not align to numbers indicated in the annual Network Adequacy Plan.

[16] Number of practice sites located in PCMP practice reflects the number of unique addresses among licensed clinicians that had an exact match with the address of a PCMP location in Region 6.

COLORADO
Department of Health Care
Policy & Financing

RAE Name: Colorado Community Health Alliance   Region # 6   Period Covered: Quarter 1 SFY 2018-19

2. Please indicate the practitioner to client ratios in each county of your region

PHYSICAL HEALTH					
County	**Number of Practitioners[17]**	**Number of Enrolled Members**	**Ratio for Adult Practitioner**	**Ratio for Pediatric Practitioner**	**Ratio for-Mid Level Adult Practitioner**
Boulder	224	42,104	1:116	1:75	1:328
Broomfield	21	5,274	1:168	1:106	1:303
Clear Creek	4	1,125	1:185	1:95	0:742
Gilpin	0	792	0:537	0:255	0:537
Jefferson	301	62,699	1:163	1:88	1:265

BEHAVIORAL HEALTH					
County	**The Number of Licensed Behavioral Health Practitioners and Clinicians**	**Number of Enrolled Members**	**Ratio for Adult Mental Health Practitioner**	**Ratio for Pediatric Mental Health Practitioner**	**Ratio for Substance Use Disorder Practitioner**
Boulder	277	42,104	1:177	1:118	1:8,420
Broomfield	29	5,274	1:104	1:124	0:5,274
Clear Creek	1	1,125	1:742	0:742	0:1,125
Gilpin	0	792	0:537	0:255	0:792
Jefferson	419	62,699	1:96	1:444	1:10,450

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[17] Kaiser PCMPs are excluded from this report, so the number of practitioners in Boulder and Jefferson counties is underreported for this reporting period. CCHA is in the process of validating provider data from Kaiser, and it will be incorporated in the next report.