

## Network Report

UPDATED: 4/24/18

**RAE Name:** Colorado Community Health Alliance **Region #** 6

**Period Covered:** Quarter 2 FY 2018-2019

### **Summary of changes for Q2 Network Report:**

*CCHA is submitting a revised Network Report for Q2 FY19 to correct provider numbers, member ratios, and appointment availability reported for the Physical Health provider network. CCHA discovered a reporting error that resulted in an underreporting of PCMPs across all provider type categories.*

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 Provider 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 areas, 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 – PREVIOUS REPORT](#)

- 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.



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- In July 2018, CCHA partnered with Centura and the Jefferson County Regional Health Connector to host a mobile mammography event in Evergreen, which offers central access to residents of Clear Creek, Gilpin, and mountain Jefferson counties. Mammography was targeted for this initiative based on patient feedback that identified transportation as a barrier to completing preventative mammograms.
- 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.
  - 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. Program updates and results will be provided in the Q2 Network Report.

### EFFORTS TO INCREASE ACCESS IN CLEAR CREEK AND GILPIN COUNTIES – Q2 UPDATES

- In October 2018, CCHA partnered with Clear Creek Public Health to host a second mobile mammography event in Idaho Springs. CCHA plans to continue holding the mobile events each July and October in Evergreen and Idaho Springs, respectively. This offers residents of Clear Creek, Gilpin, and mountain Jefferson counties ongoing, local access to preventative screenings.
- CCCPE Diabetes Prevention and Weigh and Win Program Outcomes:
  - Diabetes Prevention:
    - [REDACTED] completed the 16-week core portion of the Diabetes Prevention program.
    - The Diabetes Prevention classes were held twice per month; however, individual participation fluctuated throughout the 16 weeks and attendance decreased as the program neared completion, as indicated in the following outcomes:

	Starting Weight	Weight After Week 16 (End of Core)
Participant 1	[REDACTED]	[REDACTED]
Participant 2	[REDACTED]	[REDACTED]
Participant 3	[REDACTED]	[REDACTED]
Participant 4	[REDACTED]	[REDACTED]
Total Weight Loss:		[REDACTED] lbs

- Weigh and Win:
  - Between July and December 2018, HbA1c measures remained unavailable due to staff churn and logistical issues with completing blood tests at a local clinic. However, the Weigh and Win program continued. Statistics for March 2018-December 2018 are as follows:
    - Total Weigh-ins: [REDACTED]
    - Unique Participants [REDACTED]
    - Unique Participants (>1 weigh in): [REDACTED]



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- Kiosk Enrollments: [REDACTED]
- Total Weight Loss: [REDACTED]
- CCCPE reported the following lessons learned given lower participation than anticipated:
  - Kiosk was situated in the Community Resource Center, which is a location that not all community members may be comfortable visiting or be aware of.
  - Despite advertising in the newspaper, at the local clinic, and at various locations throughout town, participation remained lower than anticipated.
  - Visibility of kiosk could be increased by changing location, which was not feasible in 2018.

### Network Development, Support and Improvement Activities

CCHA continued efforts to develop both the primary care and behavioral health network during the reporting period. Activities related to building a robust provider network include recruitment and contracting as well as efforts to support the already-contracted network.

#### PROVIDER RECRUITMENT AND CONTRACTING – PREVIOUS REPORT

- 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.

#### PROVIDER RECRUITMENT AND CONTRACTING – Q2 UPDATES

- CCHA completed four provider orientations in Region 6.
- In Region 6, three clinics left the network for the following reasons:
  - Clinic closure: Avista Internal Medicine
  - Dis-affiliated in Region 6 and re-affiliated in Region 3: CHPG Women's Health Specialists at St. Anthony North and CHPG Westminster Internal and Family Medicine.
- CCHA contracted two new practices in Jefferson County during the reporting period: Road to Recovery and On Point Medical Group.

#### NETWORK SUPPORT AND IMPROVEMENT – PREVIOUS REPORT

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 HCPF to facilitate panel and missing member analyses for these practices. Outcomes from these analyses will be noted in the next report.



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- 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 HCPF remains informed on trending issues and feedback from the member and provider community.

### NETWORK SUPPORT AND IMPROVEMENT – Q2 UPDATES

CCHA continued monitoring attribution and working with practices and HCPF to resolve attribution issues.

- With HCPF's assistance and drive to resolve remaining issues causing excessive enrollments and/or incorrect member assignment, CCHA identified providers with high priority issues, including excessively high/low enrollments, which resulted in the following activities toward resolution:
  - Panel analysis and/or missing member analysis for 19 provider groups;
  - Panel analysis and call with the Department and RAE(s) for 10 provider groups; and
  - Four provider groups requested removal of geographic attribution due to exceeded enrollment limits.
- CCHA opted to delay implementing its tiered payment methodology during Q2, since the provider network was already receiving lower than normal payments, due to a defect in interchange, which caused major per member per month (PMPM) recoupments. CCHA's new payment methodology is anticipated to begin with the distribution of January 2019 PMPM payments.
  - For one provider group that was significantly affected by the recoupment, resulting in negative payment for more than one month, CCHA processed an advance payment to help offset the financial impact in the interim of payment reconciliation from the State.



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### Health Neighborhood & Community – Q2 Highlights

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.

- CCHA hosted the Region 6 Regional Performance Improvement Advisory Committee on December 2, 2019, which was attended by 22 community partners and providers.
- CCHA began reviewing data relevant to schools, including school districts, number of schools, number of students enrolled in each school, and the number of children eligible for free and reduced lunch. CCHA's community liaisons are developing an outreach strategy informed by volume of students eligible for free and reduced lunch and the availability of local resources that can be leveraged. Over the next six months, CCHA plans to collect school district health contacts, determine current health and wellness programs within each district, and determine how CCHA can best support each school. Following this phase of collecting and assessing information, CCHA will prioritize initiatives in alignment with the population health plan and efforts to improve performance measures.

### 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 3<sup>rd</sup> Next Available Appointment<sup>1</sup> 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

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<sup>1</sup> Third Next Available Appointment is the average length of time in days between the day a patient makes a request for an appointment with a physician and the third available appointment for a new patient physical, routine exam, or return visit exam. The "third next available" appointment is used rather than the "next available" appointment since it is a more sensitive reflection of true appointment availability. For example, an appointment may be open at the time of a request because of a cancellation or other unexpected event. Using the "third next available" appointment eliminates these chance occurrences from the measure of availability. Reference: [Institute for Healthcare Improvement](#).



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assistance with selecting a provider that offers extended hours and information about alternative options for urgent needs.

### PRACTICE ACCESSIBILITY – PREVIOUS REPORT

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, additionally, how CCHA Member Support Specialists are enabled with accessibility details to help identify providers that are equipped to meet a member's specific needs.
- Assess how CCHA's Practice Transformation team is supporting the provider network with regard to ADA accessibility.

### PRACTICE ACCESSIBILITY – Q2 UPDATES

- CCHA met jointly with the Center for People with Disabilities (CPWD) and The Independence Center (TIC) to discuss opportunities for collaboration and ways to improve care provided to members with disabilities across Regions 6 and 7. As for next steps, CCHA is planning training sessions, hosted by CPWD and TIC, to ensure CCHA's Member Support Service and Practice Transformation staff are trained on disability rights and disability etiquette. The regional training sessions will be held in Q3.

### APPOINTMENT AVAILABILITY – PREVIOUS REPORT

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

### APPOINTMENT AVAILABILITY – Q2 UPDATES<sup>2</sup>

- 87.4% of PCMPs are accepting new Medicaid Members
- 99.9% of behavioral health providers are accepting new Medicaid Members
- 41.7% of PCMPs are offering after-hours appointment availability to Medicaid Members
- 39.4% of behavioral health providers are offering after-hours appointment availability to Medicaid Members

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<sup>2</sup> Decreases in appointment availability among PCMPs corresponds with the PCMPs that left the network during Q2. Changes in appointment availability among behavioral health providers are the result of CCHA's efforts to both refine the reporting methodology and load previously contracted providers into the data warehouse. As such, the decreases in appointment availability from Q1 to Q2 among behavioral health providers correlates with improvements to the dataset.



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### 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 Federally 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.

#### ADDRESSING NETWORK DEFICIENCIES TO IMPROVE ACCESS TO CARE – PREVIOUS REPORT

- 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).
- 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.

#### ADDRESSING NETWORK DEFICIENCIES TO IMPROVE ACCESS TO CARE – Q2 UPDATES

- CCHA is now contracted with one Adult Mental Health and one Pediatric provider in each county. As contracting, credentialing and payment issues are addressed, CCHA will explore options to improve access to care in areas that continue to lack hospital and substance abuse providers.

#### NETWORK DEVELOPMENT, SUPPORT, AND IMPROVEMENT ACTIVITIES – PREVIOUS REPORT

- 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



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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.

### NETWORK DEVELOPMENT, SUPPORT, AND IMPROVEMENT ACTIVITIES – Q2 UPDATES

- CCHA continued work with the IMD facilities to develop a payment solution that is both configurable in the system and compliant with State guidelines. In January 2019, CCHA will meet with each IMD to discuss a proposal that meets these requirements.
- CCHA finalized contracts with three additional CMHCs and is now contracted with 16 of 17 CMHCs statewide.
- During the second quarter, CCHA was dedicated to more proactive provider communication and working through behavioral health credentialing and contracting issues. An update on these efforts is as follows:
  - CCHA reviewed the credentialing files weekly to prioritize the workflow, starting with providers who have reached or are near reaching 100 days in workflow. Network managers reached out to providers to discuss delays in credentialing and actions required to complete the process. CCHA currently has five providers that are over 100 days in the credentialing process.
  - CCHA also worked through contracting challenges in the second quarter. Following an influx of contracts in the first quarter, CCHA took steps to address the backlog of executed contracts that were not yet loaded in the system to accurately indicate providers' contracted status. This work is reflected in this reports' behavioral health provider tables, which accounts for the fluctuation in provider numbers and appointment access indicators from Q1 to Q2. As such, the Q2 report more accurately represents the behavioral health provider network.
  - Below is the current status of the contracting queue for Region 6:
    - Contracts distributed: 5
    - Contracts signed and returned for processing: 5
    - Contracts requested and pending distribution: 25



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- CCHA addressed the issue of claims denials due to NCCI edits. The NCCI edits have been removed from the claims system, and claims that were previously denied are currently being reprocessed.
- CCHA opted to waive the timely filing and authorization requirements through the end of March 2019. This was communicated to behavioral health providers in the open mic sessions and email bulletins. Claims previously denied for timely filing and authorization requirements are being reprocessed.



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## 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) <sup>3</sup>	County	Provider Type <sup>4</sup>	Number of Practitioners <sup>5</sup>	New Provider	Left the Network	Accepting New Clients	Provides after-hours care <sup>6,7</sup>	Single Case Agreement
				Please Check if applicable				
43	Boulder	All	246	-	1 site	35 sites	18 sites	None
43	Boulder	Family Medicine	226	-	-	31 sites	18 sites	None
40	Boulder	Adult Primary Care	198	-	-	32 sites	18 sites	None
39	Boulder	Pediatric Primary Care	196	-	-	31 sites	18 sites	None
3	Boulder	OB/GYN	19	-	-	3 sites	0 sites	None
7	Broomfield	All	35	-	2 sites	7 sites	2 sites	None
7	Broomfield	Family Medicine	34	-	-	6 sites	2 sites	None
6	Broomfield	Adult Primary Care	32	-	-	6 sites	2 sites	None
6	Broomfield	Pediatric Primary Care	32	-	-	6 sites	2 sites	None
1	Broomfield	OB/GYN	1	-	-	1 site	0 sites	None

<sup>3</sup> Categories are not mutually exclusive. For example, a clinic may be counted in Family Medicine, Adult Primary Care, and Pediatric Care.

<sup>4</sup> 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.

<sup>5</sup> 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 working on validating provider data from Kaiser so it can be integrated into the Network Report.

<sup>6</sup> Data for after-hours care reflects all providers offering weekend appointments and weekday appointments outside the hours of 8:00am to 5:00pm.

<sup>7</sup> An error was noted in the Q1 report regarding the number of Boulder County sites offering after-hours care. The corrections are as follows: 17 Sites overall with after-hours care; 15 Family Medicine sites; 16 Adult Primary Care sites; 17 Pediatric Primary Care sites; 1 OB/GYN site.



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PHYSICAL HEALTH (continued)								
Network Provider (Practice sites) <sup>8</sup>	County	Provider Type <sup>9</sup>	Number of Practitioners <sup>10</sup>	New Provider	Left Network	Accepting New Clients	Provides after-hours care <sup>11</sup>	Single Case Agreement
1	Clear Creek	All	11	-	-	1 site	0 sites	N/A
1	Clear Creek	Adult Primary Care	11	-	-	1 site	0 sites	N/A
1	Clear Creek	Family Medicine	11	-	-	1 site	0 sites	N/A
1	Clear Creek	Pediatric Primary Care	11	-	-	1 site	0 sites	N/A
0	Clear Creek	OB/GYN	0	-	-	0 sites	0 sites	N/A
0	Gilpin	All	0	-	-	0 sites	0 sites	N/A
76	Jefferson	All	369	2 sites	-	68 sites	33 sites	N/A
74	Jefferson	Family Medicine	313	-	-	62 sites	31 sites	N/A
74	Jefferson	Adult Primary Care	289	-	-	63 sites	32 sites	N/A
65	Jefferson	Pediatric Primary Care	321	-	-	66 sites	32 sites	N/A
3	Jefferson	OB/GYN	12	-	-	1 sites	0 sites	N/A

<sup>8</sup> Categories are not mutually exclusive. For example, a clinic may be counted in Family Medicine, Adult Primary Care, and Pediatric Care.

<sup>9</sup> 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.

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**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) <sup>12</sup>	County <sup>13</sup>	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians <sup>14</sup>	New Provider	Left the Network	Accepting New Clients	Provides after- hours care	Single Case Agreement	Located in PCMP Practice <sup>15</sup>
				Please Check if applicable					
1	BOULDER	Acute Care Hospitals	1	1	0	1	1	0	0
90	BOULDER	Adult Mental Health	302	12	0	302	69	0	38
90	BOULDER	Pediatric Mental Health	302	12	0	302	69	0	38
11	BOULDER	Psychiatric Prescriber	17	1	0	17	0	0	4
8	BOULDER	Psychiatrist/Physician	15	1	0	15	0	0	4
8	BOULDER	Substance Use Disorder	5	0	0	5	1	0	0
5	BOULDER	Other	7	0	0	7	3	0	1
12	BROOMFIELD	Adult Mental Health	20	0	0	20	14	0	1
12	BROOMFIELD	Pediatric Mental Health	20	0	0	20	14	0	1
2	BROOMFIELD	Other	2	0	0	2	1	0	0
1	CLEAR CREEK	Adult Mental Health	1	0	0	1	1	0	0
1	CLEAR CREEK	Pediatric Mental Health	1	0	0	1	1	0	0
1	GILPIN	Adult Mental Health	1	0	0	1	0	0	0

<sup>12</sup> 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.

<sup>13</sup> "Other" County includes all counties outside of Region 6.

<sup>14</sup> 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. Additionally, this report contains Behavioral Health providers contracted in Q1 that were not loaded in the data warehouse until Q2. As such, provider counts in this report may not align to numbers indicated in the previous Network Report.

<sup>15</sup> 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. This is not necessarily an indication that the behavioral health provider is integrated in the PCMP practice. Since PCMP sites and behavioral health practices can operate as separate entities at a single physical location, the number of behavioral health clinicians located in a PCMP practice is not representative of integrated physical/behavioral health providers.



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BEHAVIORAL HEALTH (continued)									
Network Provider (Practice sites) <sup>16</sup>	County <sup>17</sup>	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians <sup>18</sup>	New Provider	Left the Network	Accepting New Clients	Provides after- hours care	Single Case Agreement	Located in PCMP Practice <sup>19</sup>
				Please Check if applicable					
1	GILPIN	Pediatric Mental Health	1	0	0	1	0	0	0
131	JEFFERSON	Adult Mental Health	421	27	0	421	103	0	102
129	JEFFERSON	Pediatric Mental Health	306	27	0	306	103	0	75
10	JEFFERSON	Psychiatric Prescriber	30	0	0	30	1	0	7
7	JEFFERSON	Psychiatrist/Physician	18	0	0	18	0	0	3
9	JEFFERSON	Substance Use Disorder	8	2	0	8	2	0	0
4	JEFFERSON	Other	5	1	0	5	2	0	1
6	Other	Acute Care Hospitals	5	2	0	5	5	0	-
651	Other	Adult Mental Health	1052	89	0	1051	523	0	-
7	Other	Child Psychiatrist	3	0	0	3	0	0	-
652	Other	Pediatric Mental Health	1052	90	0	1051	523	0	-
55	Other	Psychiatric Prescriber	72	3	0	71	22	0	-
34	Other	Psychiatrist/Physician	35	2	0	35	10	0	-
40	Other	Substance Use Disorder	25	9	0	25	11	0	-
33	Other	Other	52	9	0	52	10	0	-

<sup>16</sup> 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.

<sup>17</sup> "Other" County includes all counties outside of Region 6.

<sup>18</sup> 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. Additionally, this report contains Behavioral Health providers contracted in Q1 that were not loaded in the data warehouse until Q2. As such, provider counts in this report may not align to numbers indicated in the previous Network Report.

<sup>19</sup> 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. Clinicians affiliated with more than one PCMP location may be included in the totals. Totals for each provider type are not necessarily unique if a clinician provides both adult and pediatric mental health services and/or if the clinician renders services in more than one PCMP location.



**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 2 SFY 2018-19

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

PHYSICAL HEALTH					
County	Number of Practitioners <sup>20</sup>	Number of Enrolled Members <sup>21</sup>	Ratio for Adult Practitioner	Ratio for Pediatric Practitioner	Ratio for-Mid Level Adult Practitioner
Boulder	246	41,207	99:12,632	196:15,583	52:41,207
Broomfield	35	6,056	16:1,819	16:1,209	5:3,028
Clear Creek	11	974	11:675	11:299	1:974
Gilpin	0	838	0:567	0:271	0:838
Jefferson	369	73,373	289:44,416	321:28,957	94:73,373

BEHAVIORAL HEALTH					
County	The Number of Licensed Behavioral Health Practitioners and Clinicians	Number of Enrolled Members <sup>19</sup>	Ratio for Adult Mental Health Practitioner	Ratio for Pediatric Mental Health Practitioner	Ratio for Substance Use Disorder Practitioner
Boulder	330	41,207	151:12,812	302:15,583	5:41,207
Broomfield	22	6,056	10:1,819	10:1,209	0:6,056
Clear Creek	1	974	1:675	1:299	0:974
Gilpin	1	838	1:567	1:271	0:838
Jefferson	451	73,373	421:44,416	306:28,957	8:73,373

<sup>20</sup> 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 working on validating provider data from Kaiser so it can be integrated into the Network Report.

<sup>21</sup> Source of enrollment numbers: 834 file. Date: January 15, 2019.

