Network Report
UPDATED: 4/24/18
RAE Name: Colorado Community Health Alliance   **Region #** 6
Period Covered: Quarter 3 FY 2018-2019

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 collaborates with community partners in Clear Creek to ensure providers and members are connected with local resources, such as:
  - Mobile mammography events in Evergreen and Idaho Springs. Mammography was targeted based on patient feedback that identified transportation as a barrier to completing preventative mammograms. Recent events were reported as follows:
    - 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.
    - 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.
- Clear Creek County Public & Environmental Health (CCCPE) Diabetes Prevention and Weigh and Win Program Outcomes:
  - Diabetes Prevention:
    - Four individuals completed the 16-week core portion of the Diabetes Prevention program.

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- ▪ 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	███	██
Participant 2	██	███
Participant 3	███	███
Participant 4	███	███
Total Weight Loss: ███		

- o 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: 105
    - • Unique Participants: ██
    - • Unique Participants (>1 weigh in): ██
    - • Kiosk Enrollments: ██
    - • Total Weight Loss: ████
  - ▪ CCCPE reported the following lessons learned given lower participation than anticipated for the duration of the project:
    - • 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 its location, which was not feasible for during the course of this program.

EFFORTS TO INCREASE ACCESS IN REGION 6 – Q3 UPDATES

Boulder and Broomfield Counties

- • At the time of this report's submission, CCHA will have executed 2 new contracts with UCHealth, adding one additional PCMP location in Boulder County and one additional PCMP location in Broomfield County.

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Clear Creek and Gilpin Counties

- During the reporting period, CCHA's collaborative efforts with Clear Creek County focused on the Healthy Communities program. Current activities center on increasing prenatal visits and behavioral health support for expectant moms.
- CCHA is also in the process of strengthening relationships with other community entities to help identify local challenges/gaps in services and partner to develop and implement interventions.

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

- 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.

PROVIDER RECRUITMENT AND CONTRACTING – Q3 UPDATES

- CCHA completed three provider orientations in Region 6.
- Region 6 network five clinics across two counties left the Region 6 network, including:
    - Boulder County clinic closures:
        - CHPG Primary Care Longmont
        - My Family Doctor, PLLC
    - Broomfield County practice acquisition:
        - Family Medicine Associates P.C. was acquired by CU Family Medicine – Depot Hill Rd
    - Jefferson County clinic closures:
        - Kaiser Evergreen Medical Office
        - Simms Crossing Family Practice
    - Jefferson County practice acquisition:
        - Wheat Ridge Family Clinic was acquired by Inner City Health Center at Wheat Ridge
- Although four clinics left the network due to closures, the region continued to meet member choice and network adequacy standards. Additionally, CCHA worked with Kaiser and HCPF to ensure members were successfully transitioned to Kaiser's Wheat Ridge clinic upon closure of the Evergreen Medical Office. Prior to transition, members were also informed of their option to select a new provider and receive assistance with that process.

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- CCHA executed new contracts with five practices across 3 counties in Region 6, including:
  - Boulder County:
    - Boulder Medical Associates
    - CU Family Medicine – Boulder
  - Broomfield County:
    - CU Family Medicine – Depot Hill Rd
  - Jefferson County:
    - CU Family Medicine – Westminster
    - Inner City Health Center at Wheat Ridge

NETWORK SUPPORT AND IMPROVEMENT – PREVIOUS REPORT

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.

NETWORK SUPPORT AND IMPROVEMENT – Q3 UPDATES

- In January 2019, CCHA implemented its tiered payment methodology where PCMPs are paid an administrative PMPM of $3 for a verified member and $1 for an unverified member. If CCHA is able to identify a relationship between the assigned provider and the member, validated by a claim within the previous 24 months, then the member is considered verified, resulting in a $3 PMPM. The goal of this payment methodology is to incentivize PCMPs to establish a relationship with members and initiate well visits. Additionally, CCHA recently developed an "unverified member list" that PCMPs will be able to use for targeted outreach. The unverified member list includes member birthdate, Medicaid ID, phone number, and address.

Health Neighborhood & Community – Q3 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 recently hosted region-specific town hall meetings for both physical and behavioral health providers. As part of the agenda, David Ervin of The Resource Exchange (Community Centered Board) delivered "Cultural Competence in Healthcare: Patients with Intellectual & Developmental Disabilities" training to all attendees, which also offered an opportunity for providers to receive continuing medical education credits. The Region 6 meeting had over 60 providers in attendance. To date, CCHA has had over 300 providers attend town hall meetings across Regions 6 and 7.

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[1] 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.

PRACTICE ACCESSIBILITY – PREVIOUS REPORT

CCHA recognizes that practice accessibility is an important component of person-centered care. As such, CCHA continued activities to monitor access for special populations and better evaluate accessibility among practices in the Region 6 network, which included the following activities:

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[1] 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.

- 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.

PRACTICE ACCESSIBILITY – Q3 UPDATES

- In January 2019, CPWD hosted CCHA practice transformation and member support staff for an ADA training and collaboration meeting. A second training will be held for CCHA staff, *Creating Disability-Friendly Healthcare*, in Q4 at The Independence Center.
- In an effort to better assess the ADA accessibility of contracted practices, CCHA has been revising the physical and behavioral health practice applications. Revisions to the applications will help inform CCHA of providers' specific accommodations that enhance accessibility at each practice location, including:
    - Near mass transit
    - High-low exam table
    - Wheelchair ramps
    - Accessible parking
    - Wheelchair scale
    - Hoyer-type lift
    - Listening loops
    - Automatic door
    - Written policy on chemical/scent free
    - Written policy on service dogs
    - Low-vision aids/braille signs
    - ADA compliant bathroom
    - Other: (open text-field for providers to report any additional accommodations)
- CCHA is also working with CPWD on ways to increase ADA compliance in medical offices in Region 6 by implementing The Independence Center's model. Currently, these conversations are focused on aligning goals and exploring options that might enhance and support provider participation such as process improvement, incentive programs, and/or training for practice and community service providers. Updates will be reported as these discussion and plans progress.
- In addition to providing cultural competency training to providers during the March 2019 town hall meeting, providers have access to CCHA's *Caring for Diverse Populations* toolkit from the Provider Resources & Training page on the CCHA website. The toolkit offers physician and health care professionals resources for delivering effective and compassionate care.

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APPOINTMENT AVAILABILITY – PREVIOUS REPORT[2]

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

- 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

APPOINTMENT AVAILABILITY – Q3 UPDATES

- 88.2% of PCMPs are accepting new Medicaid Members
- 100% of behavioral health providers are accepting new Medicaid Members
- 42.5% of PCMPs are offering after-hours appointment availability to Medicaid Members
- 25.8% 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 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

- 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.

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[2] 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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NETWORK DEVELOPMENT, SUPPORT, AND IMPROVEMENT ACTIVITIES – PREVIOUS REPORT

- CCHA continued work with the institutions for mental disease (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:
  - o 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.
  - o 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.
  - o 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
- 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.
- CCHA continues to dialogue with the IMD facilities to build processes that will work within the state guidelines.

NETWORK DEVELOPMENT, SUPPORT, AND IMPROVEMENT ACTIVITIES – Q3 UPDATES

- CCHA continues to work with the IMD facilities to develop a payment solution that is both configurable in the system and compliant with State guidelines. The rates are being negotiated with the IMD facilities and an update will be provided to HCPF by 4/30/19.
- CCHA has one outstanding CMHC not yet contracted with Midwestern MHC. Midwestern MHC has indicated they will reach out when they are ready to move forward on contracting with CCHA.

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- During the third quarter, CCHA continued efforts to proactively communicate with providers and work through behavioral health credentialing and contracting issues. An update on these efforts is as follows:
  - CCHA continues to monitor the credentialing process, and the average number of days in workflow currently has a turnaround time of 26 days.
  - Providers added to the Region 6 network during the third quarter:
    - Boulder County: 4 adult and pediatric mental health providers
    - Broomfield County: 1 adult and pediatric mental health provider
    - Jefferson County: 20 adult mental health providers and 21 pediatric mental health providers
    - Other counties (outside of Region 6):
      - 3 acute care hospitals
      - 218 adult mental health providers
      - 1 child psychiatrist
      - 216 pediatric mental health providers
      - 21 psychiatric prescribers
      - 17 psychiatrist/physicians
      - 43 other providers, not categorized as an adult mental health provider, pediatric mental health provider, substance use provider, psychiatrist, child psychiatrist, or psychiatric prescriber
  - Below is the current status of the contracting queue for Region 6:
    - Contracts distributed: 5
    - Contracts signed and returned for processing: 21
    - Contracts requested and pending distribution: 10

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UPDATED: 3/29/18

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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)[3]	County	Provider Type[4]	Number of Practitioners[5]	New Provider	Left the Network	Accepting New Clients	Provides after-hours care[6]	Single Case Agreement
				Please Check if applicable				
43	Boulder	All	263	2 sites	2 sites	36 sites	19 sites	None
43	Boulder	Family Medicine	243	-	-	32 sites	19 sites	None
40	Boulder	Adult Primary Care	215	-	-	33 sites	19 sites	None
39	Boulder	Pediatric Primary Care	213	-	-	32 sites	19 sites	None
3	Boulder	OB/GYN	19	-	-	3 sites	0 sites	None
7	Broomfield	All	35	1 site	1 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

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

[4] 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.

[5] 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.

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

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PHYSICAL HEALTH (continued)								
Network Provider (Practice sites)[7]	County	Provider Type[8]	Number of Practitioners[9]	New Provider	Left Network	Accepting New Clients	Provides after-hours care[10]	Single Case Agreement
1	Clear Creek	All	11	-	-	1 site	0 sites	None
1	Clear Creek	Adult Primary Care	11	-	-	1 site	0 sites	None
1	Clear Creek	Family Medicine	11	-	-	1 site	0 sites	None
1	Clear Creek	Pediatric Primary Care	11	-	-	1 site	0 sites	None
0	Clear Creek	OB/GYN	0	-	-	0 sites	0 sites	None
0	Gilpin	All	0	-	-	0 sites	0 sites	None
76	Jefferson	All	372	2 sites	2 sites	68 sites	33 sites	None
74	Jefferson	Family Medicine	316	-	-	62 sites	31 sites	None
74	Jefferson	Adult Primary Care	292	-	-	63 sites	32 sites	None
65	Jefferson	Pediatric Primary Care	324	-	-	66 sites	32 sites	None
3	Jefferson	OB/GYN	12	-	-	1 sites	0 sites	None

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

[8] 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.

[9] 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.

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

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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)[11]	County[12]	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians[13]	New Provider	Left the Network	Accepting New Clients	Provides after-hours care	Single Case Agreement	Located in PCMP Practice[14]
				Please Check if applicable					
1	BOULDER	Acute Care Hospitals	1	0	0	1	1	0	0
94	BOULDER	Adult Mental Health	306	4	0	306	70	0	38
94	BOULDER	Pediatric Mental Health	306	4	0	306	70	0	38
11	BOULDER	Psychiatric Prescriber	17	0	0	17	0	0	4
8	BOULDER	Psychiatrist/Physician	15	0	0	15	0	0	4
7	BOULDER	Substance Use Disorder	5	0	0	5	1	0	0
5	BOULDER	Other	7	0	0	7	3	0	1
13	BROOMFIELD	Adult Mental Health	21	1	0	21	15	0	1
13	BROOMFIELD	Pediatric Mental Health	21	1	0	21	15	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

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[11] 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.

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

[13] 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.

[14] 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)[15]	County[16]	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians[17]	New Provider	Left the Network	Accepting New Clients	Provides after-hours care	Single Case Agreement	Located in PCMP Practice[18]
				Please Check if applicable					
1	GILPIN	Pediatric Mental Health	1	0	0	1	0	0	0
143	JEFFERSON	Adult Mental Health	440	20	0	440	118	0	103
142	JEFFERSON	Pediatric Mental Health	331	21	0	331	118	0	76
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	0	0	8	3	0	0
5	JEFFERSON	Other	6	0	0	6	2	0	1
11	Other	Acute Care Hospitals	8	3	0	8	7	0	-
743	Other	Adult Mental Health	1272	218	3	1137	554	0	-
8	Other	Child Psychiatrist	4	1	0	3	0	0	-
743	Other	Pediatric Mental Health	1270	216	3	1135	553	0	-
67	Other	Psychiatric Prescriber	92	21	0	77	22	0	-
46	Other	Psychiatrist/Physician	51	17	0	38	10	0	-
45	Other	Substance Use Disorder	26	0	0	26	12	0	-
88	Other	Other	105	43	0	89	11	0	-

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[15] 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.

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

[17] 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.

[18] 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.

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

PHYSICAL HEALTH				
County	Number of Practitioners[19]	Number of Enrolled Members[20]	Ratio for Adult Practitioner	Ratio for Pediatric Practitioner	Ratio for-Mid Level Adult Practitioner
Boulder	263	40,072	215:24,707	213:15,365	53:40,072
Broomfield	35	5,721	32:3,423	16:1,149	5:5,721
Clear Creek	11	906	11:607	11:299	1:906
Gilpin	0	833	0:554	0:279	0:833
Jefferson	372	68,929	146:20,991	324:26,947	93:68,929

BEHAVIORAL HEALTH				
County	The Number of Licensed Behavioral Health Practitioners and Clinicians	Number of Enrolled Members [19]	Ratio for Adult Mental Health Practitioner	Ratio for Pediatric Mental Health Practitioner	Ratio for Substance Use Disorder Practitioner
Boulder	334	40,072	306:24,707	306:15,365	5:40,072
Broomfield	23	5,721	1:163	7:766	0:5,721
Clear Creek	1	906	1:607	1:299	0:906
Gilpin	1	833	1:554	1:279	0:833
Jefferson	472	68,929	220:20,991	331:26,947	8:68,929

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[19] 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.

[20] Source of enrollment numbers: 834 file. The number includes the unique members who were enrolled during the reporting period.

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