Network Report

UPDATED: 10/31/19 **RAE Name:** Colorado Community Health Alliance

Region: 6 Period Covered: Quarter 1 SFY 2019-2020

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 radius from members 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 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. Collaborative efforts aimed at improving access to care in Region 6 are indicated below.

EFFORTS TO INCREASE ACCESS IN REGION 6 - Q1

Clear Creek and Gilpin Counties

Collaboration with Clear Creek Healthy Communities (HC) continues, even as the county has
recently indicated limited resources to support HC work. To address this, CCHA and all HC
programs in Region 6 are collaborating to leverage existing resources and fulfill outreach
requirements to pregnant women and children within this Clear Creek County. Specifically,
Jefferson County has agreed to leverage their existing IVR call system to backfill Clear Creek
efforts to outreach to members. This group will continue monitoring capacity in the rural areas
to address potential needs.

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 - Q1

- CCHA completed three provider orientations in Region 6.
- Three practices left the network because they no longer provide primary care services or qualify as a PCMP, including:
 - Boulder County:
 - Boulder Community Health (BCH) CU Sports Medicine & Performance Center



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UPDATED: 10/31/19

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- BCH Occupational Health Services
- 1st Allergy and Asthma
- Three clinics left the network because primary care services were no longer being provided; however, the region continued to meet member choice and network adequacy standards.
- CCHA executed new contracts with four practices across two counties in Region 6, including:
 - Broomfield County:
 - Northern Medical Associates, DBA Broomfield Family Practice
 - Jefferson County:
 - Colorado Family Clinic
 - Green Mountain Partners for Health

NETWORK SUPPORT AND IMPROVEMENT - Q1

- CCHA distributed its monthly newsletter to the provider network. Noteworthy items included in the newsletter were information about upcoming provider meetings and updates to the provider manual.
- Provider manual updates included more detailed guidance around processes and procedures, including provider roles and responsibilities, network requirements, EPSDT, and member dismissals.
- During the reporting period, CCHA distributed performance payments to practices that qualified for the CCHA Provider Incentive Program. A total of \$1,363,205 was distributed to the provider network for the second quarter of the 2019 calendar year.
 - CCHA supports and reinvests in network providers through the Provider Incentive Program, which is funded using incentive payments CCHA has earned for achieving Key Performance Indicator (KPI) goals. Aided by the provider incentive program's measures, CCHA has the opportunity to work directly with practices to achieve their goals and the goals of the ACC. This work also complements activities aimed to achieve regional performance goals such as increased behavioral health screenings and workflows that contribute to meeting KPI goals. Below are the description and performance goals of CCHA's Provider Incentive Program:
 - Participant PCMPs are those contracted with CCHA that are either located in a rural community or have 300+ attributed members.
 - Incentive payments are distributed to PCMPs as often as quarterly, provided Region 6 achieves the KPI Tier 1 or Tier 2 goals.
 - PCMP distribution amounts are based on the PCMP's member attribution and performance on the following incentive program goals:
 - Education: attendance at CCHA-hosted provider meetings / educational events.
 - Practice transformation: participation in practice improvement planning and meetings.



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ACC Network Adequacy Report UPDATED: 10/31/19

RAE Name: Colorado Community Health Alliance **Region:** 6 **Period Covered:** Quarter 1 SFY 2019-2020

- Quality improvement efforts (non-Accountable Care Network (ACN) practices): current metrics include depression screenings and member access and availability.
- Care coordination (ACN providers): case reviews and efforts to engage priority members in extended care coordination, including high-cost members.
- Key Performance Indicators: performance on KPI measures, including: well visits, prenatal visits, behavioral health engagement, dental visits, emergency department visits, and health neighborhood.

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 Appointment¹ 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 the various levels 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 to 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 – Q1

• CCHA recently enhanced its contracting applications to begin collecting more detailed information regarding practices' physical and language accommodations as well as providers' additional specialties such as family planning and OB/GYN. As of the end of the reporting period, CCHA has received supplemental information for 64 practices in Region 6.

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.



ACC Network Adequacy Report UPDATED: 10/31/19 RAE Name: Colorado Community Health Alliance Region: 6 Period Covered: Quarter 1 SFY 2019-2020

APPOINTMENT AVAILABILITY - Q1

- 68.9% of PCMPs are accepting new Medicaid members
- 47.6% of PCMPs 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 and continues to expand the behavioral health network in in Region 6 and statewide through an open network to ensure access to members. Efforts to develop a robust behavioral health network are aimed to span all levels of care, including hospital systems with facility access, 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 selective with respect to new providers, so operating with an open network has garnered interest from behavioral health providers to join CCHA's 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 is not located in the region.

ADDRESSING NETWORK DEFICIENCIES TO IMPROVE ACCESS TO CARE

- CCHA distributed its monthly newsletter to the provider network. Noteworthy items included in the newsletter were information about open mic sessions for behavioral health providers and updates to the provider manual.
- Provider manual updates included more detailed guidance around processes and procedures, including provider roles and responsibilities, network requirements, EPSDT, and member dismissal.
- CCHA is now contracted with one Adult Mental Health and one Pediatric provider in each Region 6 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.

APPOINTMENT AVAILABILITY – Q1²

- 97.5% of behavioral health providers are accepting new Medicaid members
- 27.7% of behavioral health providers are offering after-hours appointment availability to Medicaid members

² Changes in appointment availability among behavioral health providers are the result of CCHA's ongoing efforts to refine and streamline provider data reporting methodologies.



ACC Network Adequacy Report UPDATED: 10/31/19 RAE Name: Colorado Community Health Alliance Region: 6 Period Covered: Quarter 1 SFY 2019-2020

NETWORK DEVELOPMENT, SUPPORT, AND IMPROVEMENT ACTIVITIES - Q1

- CCHA has one outstanding CMHC that is not yet contracted, Midwestern Mental Health Center (MHC). Midwestern MHC has indicated they will reach out when they are ready to move forward on contracting with CCHA.
- During the first 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 15 days.
 - Providers added to the Region 6 network during the first quarter:
 - Boulder County:
 - 13 adult mental health providers
 - 13 pediatric mental health providers
 - 1 psychiatric prescriber
 - Broomfield County:
 - 2 adult and pediatric mental health providers
 - Jefferson County:
 - 22 adult mental health providers
 - 22 pediatric mental health providers
 - 2 psychiatric prescribers
 - 2 other providers not categorized as an adult mental health provider, pediatric mental health provider, substance use provider, psychiatrist, child psychiatrist, or psychiatric prescriber
 - Other counties (outside of Region 6):
 - 4 acute care hospitals
 - 73 adult mental health providers
 - 79 pediatric mental health providers
 - 7 psychiatric prescribers
 - 3 psychiatrist/physicians
 - 8 other providers, not categorized as an adult mental health provider, pediatric mental health provider, substance use provider, psychiatrist, child psychiatrist, or psychiatric prescriber
- Providers who left the CCHA network:
 - Other counties, not in Region 6:
 - Arapahoe County
 - 1 pediatric mental health provider
 - El Paso County
 - 5 adult and pediatric mental health providers
 - Denver County
 - 5 adult mental health providers
 - 11 pediatric mental health providers



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Department of Health Care Policy & Financing

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RAE Name: Colorado Community Health Alliance

Region: 6 Period Covered: Quarter 1 SFY 2019-2020

- 1 psychiatric prescriber
- Teller County
 - 1 adult and pediatric mental health provider
- Below is the current status of the contracting queue for Region 6:
 - Contracts distributed: 6
 - Contracts signed and returned for processing: 5
 - Contracts requested and pending distribution: 17



UPDATED: 10/31/19

RAE Name: Colorado Community Health Alliance **Region #**6 **Period Covered:** Quarter 1 SFY 2019-20

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) ³⁴	County	Provider Type ⁵	Number of Practitioners	New Provider	Left the Network	Accepting New Clients	Provides after- hours care ⁶	Single Case Agreement			
	ł ł					Please Check if applicable					
38	Boulder	All	268	0 sites	3 sites	191 practitioners	20 sites	None			
34	Boulder	Family Medicine	248	-	-	175 practitioners	20 sites	None			
32	Boulder	Adult Primary Care	188	-	-	173 practitioners	17 sites	None			
31	Boulder	Pediatric Primary Care	186	-	-	171 practitioners	17 sites	None			
3	Boulder	OB/GYN	19	-	-	15 practitioners	0 sites	None			
9	Broomfield	All	38	1 site	0 sites	32 practitioners	2 sites	None			
8	Broomfield	Family Medicine	37	-	-	31 practitioners	2 sites	None			
8	Broomfield	Adult Primary Care	37	-	-	31 practitioners	2 sites	None			
8	Broomfield	Pediatric Primary Care	37	-	-	31 practitioners	2 sites	None			
1	Broomfield	OB/GYN	1	-	-	1 practitioner	0 sites	None			

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



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

⁴ CCHA was unable to include Kaiser PCMPs in previous reports. Kaiser PCMPs are now included. As such, the difference in number of providers from the previous report is not consistent with the number of providers that joined/left the network during this reporting period.

⁵ 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 undergraphics:

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.

UPDATED: 10/31/19

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

5 **Period Covered:** Quarter 1 SFY 2019-20

	PHYSICAL HEALTH (continued)									
Network Provider (Practice sites) ^{7 8}	County	Provider Type ⁹	Number of Practitioners	New Provider	Left Network	Accepting New Clients	Provides after- hours care ¹⁰	Single Case Agreement		
						Please Check	if applicable			
1	Clear Creek	All	13	0 sites	0 sites	12 practitioners	0 sites	None		
1	Clear Creek	Adult Primary Care	13	-	-	12 practitioners	0 sites	None		
1	Clear Creek	Family Medicine	13	-	-	12 practitioners	0 sites	None		
1	Clear Creek	Pediatric Primary Care	13	-	-	12 practitioners	0 sites	None		
0	Clear Creek	OB/GYN	0	-	-	0 practitioners	0 sites	None		
0	Gilpin	All	0	0 sites	0 sites	0 practitioners	0 sites	None		
78	Jefferson	All	458	2 sites	0 sites	300 practitioners	38 sites	None		
73	Jefferson	Family Medicine	409	-	-	259 practitioners	37 sites	None		
68	Jefferson	Adult Primary Care	291	-	-	255 practitioners	32 sites	None		
70	Jefferson	Pediatric Primary Care	327	-	-	291 practitioners	33 sites	None		
3	Jefferson	OB/GYN	13	-	-	5 practitioners	0 sites	None		

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



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

⁸ CCHA was unable to include Kaiser PCMPs in previous reports. Kaiser PCMPs are now included. As such, the difference in number of providers from the previous report is not consistent with the number of providers that joined/left the network during this reporting period.

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UPDATED: 10/31/19

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

Period Covered: Quarter 1 SFY 2019-20

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 ¹¹									
Network Provider (Practice sites) ¹²	County ¹³	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians ¹⁴	New Provider	Left the Network	Accepting New Clients	Provides after- hours care	Single Case Agreement	Located in PCMP Practice ¹⁵	
						Please Ch	eck if applic	able		
1	BOULDER	Acute Care Hospitals	1	0	0	1	1	0	0	
161	BOULDER	Adult Mental Health	364	13	0	364	101	0	38	
160	BOULDER	Pediatric Mental Health	363	13	0	363	100	0	38	
14	BOULDER	Psychiatric Prescriber	19	1	0	19	0	0	4	
9	BOULDER	Psychiatrist/Physician	15	0	0	15	0	0	4	
7	BOULDER	Substance Use Disorder	5	0	0	4	1	0	0	
5	BOULDER	Other	5	0	0	5	1	0	1	
25	BROOMFIELD	Adult Mental Health	23	2	0	23	17	0	1	
24	BROOMFIELD	Pediatric Mental Health	23	2	0	23	17	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	

¹¹ CCHA is currently in the process of credentialing practitioners affiliated with facility-based groups, and loading the information into the data warehouse. As such, the increase in behavioral health providers is due to both the availability of more detailed data and new providers joining the network.

¹⁵ 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.



¹² 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.

¹³ "Other" County includes all counties outside of Region 6.

¹⁴ 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 crosswalk. CCHA continues to refine the methodology by which behavioral health provider specialties correlate to the specified provider types in this report.

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

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	BEHAVIORAL HEALTH (continued) ¹⁶									
Network Provider (Practice sites) ¹⁷	County ¹⁸	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians ¹⁹	New Provider	Left the Network	Accepting New Clients	Provides after- hours care	Single Case Agreement	Located in PCMP Practice ²⁰	
						Please Che	ck if applicab	le		
1	GILPIN	Adult Mental Health	1	0	0	1	0	0	0	
1	GILPIN	Pediatric Mental Health	1	0	0	1	0	0	0	
1	JEFFERSON	Acute Care Hospitals	1	1	0	1	1	0	103	
221	JEFFERSON	Adult Mental Health	592	22	0	592	176	0	76	
1	JEFFERSON	Child Psychiatrist	1	0	0	1	1	0	7	
218	JEFFERSON	Pediatric Mental Health	475	22	0	475	174	0	3	
21	JEFFERSON	Psychiatric Prescriber	52	2	0	52	7	0	0	
10	JEFFERSON	Psychiatrist/Physician	31	0	0	31	1	0	1	
12	JEFFERSON	Substance Use Disorder	10	0	0	10	4	0	0	
17	JEFFERSON	Other	20	2	0	20	4	0	0	
16	Other	Acute Care Hospitals	13	4	0	13	7	0	0	

²⁰ 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.



¹⁶ CCHA is currently in the process of credentialing practitioners affiliated with facility-based groups, and loading the information into the data warehouse. As such, the increase in behavioral health providers is due to both the availability of more detailed data and new providers joining the network.

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

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	BEHAVIORAL HEALTH (continued) ²¹									
Network Provider (Practice sites) ²²	County ²³	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians ²⁴	New Provider	Left the Network	Accepting New Clients	Provides after- hours care	Single Case Agreement	Located in PCMP Practice ²⁵	
				Please Check if applicable						
1,335	Other	Adult Mental Health	2,423	73	11	2,337	703	0	0	
23	Other	Child Psychiatrist	18	0	0	18	1	0	0	
1,337	Other	Pediatric Mental Health	2,418	79	17	2,332	699	0	0	
183	Other	Psychiatric Prescriber	272	7	1	267	31	0	0	
103	Other	Psychiatrist/Physician	156	3	0	153	12	0	0	
51	Other	Substance Use Disorder	28	0	0	28	12	0	0	
129	Other	Other	172	8	0	163	9	0	0	

²⁵ 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	Number of Enrolled Members ²⁶	Ratio for Adult Practitioner	Ratio for Pediatric Practitioner	Ratio for-Mid Level Adult Practitioner			
Boulder	268	39,761	188:24,467	31:2,549	42:39,761			
Broomfield	38	5,408	37:3,191	37:2,217	5:5,408			
Clear Creek	13	905	1:48	13:281	1:905			
Gilpin	0	839	0:547	0:292	0:839			
Jefferson	458	65,593	291:39,539	327:26,054	11:5,963			

	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	382	39,761	351:24,467	175:7,647	5:39,761				
Broomfield	25	5,408	23:3,191	23:2,217	0:5,408				
Clear Creek	1	905	1:624	1:281	0:905				
Gilpin	1	839	1:547	1:292	0:839				
Jefferson	657	65,593	592:39,539	475:26,054	10:65,593				

²⁶ Source of enrollment numbers: 834 file. The number includes the unique members who were enrolled during the reporting period.

