

2018-2019



# **Network Adequacy Plan**

## **Region 7**

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## Network Development

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

Once outreach was successful, the contracting department worked to perform the necessary paperwork while provider relations held meetings to educate and inform providers on updates to the ACC. Information on attribution and various other changes coming with ACC Phase II, in addition to operational changes in transitioning to a new vendor made these large regional meetings crucial. Additional, small group meetings occurred with providers presenting with potential crisis due to these changes. For example, in Region 7, much of the physical health network had provided delegated care through the Regional Care Collaborative Organization (RCCO) and for this reason, CCHA met with these providers to discuss CCHA's model and work to ensure practices would remain stable during this time of change. Another example of meeting with small groups was CCHA meeting with the El Paso County Department of Human Service CORE providers in order to understand how these providers created a specialty network for child welfare members. CCHA also met frequently with AspenPointe, the Community Mental Health Center (CMHC) and Peak Vista, the Federally Qualified Health Center (FQHC), to ensure this transition went smoothly.

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

### ***Statewide Behavioral Health Network***

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

**Contracting**

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

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

**Onboarding**

CCHA's Provider Relations team is working with the provider community to address concerns and barriers. For example, a weekly behavioral health provider open mic is being held for Region 7, facilitating a forum for providers to share questions/concerns, as well as obtain resolution for outstanding issues. These open mics have proven to be successful, because various barriers were identified, mitigated and education provided during these sessions. For physical health providers, individual meetings at offices, newsletters, content rich emails including Data Analytics Portal and attribution information have proved helpful in ensuring primary care providers have the information they need to be successful. A September Membership meeting is planned for providers as well as training opportunities as described in CCHA's Practice Support Plan.

**Network Monitoring and Maintenance**

CCHA will maintain and monitor the provider network in alignment with CCHA's *Provider Recruitment Standards and Measures for Appropriate Availability to Providers* policy and the CCHA Practice Support Plan. Through a combination of quantitative standards assessment and qualitative evaluation, CCHA will remain informed and responsive to gaps or barriers in the network that may be unique to a specific demographic or the geographic diversity of the region. Further, CCHA will ensure that the contracted networks are capable of serving all Members, increasing telehealth services, and contracting with providers who have specialized training and expertise across all ages, levels of ability, gender identities, and cultural identities. For example, a health desert has been identified in Region 7 in the 80916 zip code and, for this reason, CCHA has discussed the possibility of moving locations with a current PCMP in close proximity who has expressed interest in better serving this area. Another example includes CCHA encouraging the Region 7 FQHC to consider transporting their mobile clinic to Park County, where there are currently no PCMP's. For Behavioral Health, CCHA responded to Region 7 providers' frustration with a limited BHO network by committing to a RAE network inclusive of an Independent Providers Network (IPN).

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

### **Contract Requirements**

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

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

- **Utilization of Services:** We will analyze our Member populations and their needed services to make sure our Network Providers meet or exceed the required Member-to-provider ratios and assure appropriate access to services.
- **Geographic Location of Providers and Members:** Each quarter, or upon any significant changes in network composition, we will evaluate geographical mapping reports for physical and geographic adequacy to identify network gaps and assess member choice. The industry-standard tools we use will enable us to evaluate network adequacy and access, and may include: geographic overview maps, provider and Member location maps, available transportation, Member accessibility summaries, and detailed accessibility reports. We will monitor access for Members with disabilities by capturing physical access information for each location and use this data to evaluate access.
- **Routine Appointment Waiting Times:** We will survey a statistically sound sample across our network quarterly to verify appointment standards and access to services for PCMPs and behavioral health providers.
- **Member Services Data:** We will use this data to identify potential compliance issues. For example, if we receive repeated calls regarding inaccessibility, we will contact the provider.
- **Stakeholder Feedback:** We will continue active participation in alliances, committees, and advisory groups where additional network needs are discussed and assessed for trending issues.
- **Quality of Care and Access Concerns:** We will investigate quality and access issues as part of the provider support model and through practice transformation activities. Outcomes will be reviewed through key performance indicators, quality reviews, and annual quality and care audits.
  - CCHA is meeting with AspenPointe, Region 7's CMHC, weekly to train on processes to align with upcoming performance measures. Also, CCHA is collaborating with the AspenPointe to develop an Alternative Payment Model specific to the CMHC, which will include the performance measures and key performance indicators identified in State Contract.
- **Grievance and Appeals Data:** We will use this data to identify additional qualitative trends at the individual provider level.
- **Member Satisfaction Surveys:** CCHA will support the Department's administration of the Consumer Assessment of Health Care Providers and Systems (CAHPS®) in querying Members on key questions, including access to care. Additionally, CCHA will utilize the ECHO Survey to gauge member satisfaction with behavioral health services.

- **Provider Data Review:** We will analyze out-of-network authorizations, service coordination needs, member cultural competency and language needs, provider capabilities, and provider claims data.

### ***Corrective Action***

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

### ***Network Adequacy and Reporting Standards***

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

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

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

## **Access for Members with Disabilities**

Upon contracting, CCHA collects accessibility information for each PCMP location and behavioral health provider on the practice contracting form. On the PCMP form, providers can indicate the practice’s disability accommodations including wheelchair access, ADA compliant bathrooms, a wheelchair scale, and/or other, which are an open field to report additional accessibility features, such as ListeningLoops. CCHA also collects the level of access each behavioral health provider can provide to members with physical and/or mental disabilities. With support from the data, CCHA will continuously work to expand the network of providers who are able to provide disability competent care and increase connection for members with disabilities to accessible locations through our call center and care coordination program. Additionally, our practice transformation coaches will continue to encourage practices to be ADA compliant by connecting them to the necessary resources and training modules on cultural competency.

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

It should be noted that accurate reporting on accessibility was identified as a priority to address with the provider network in Region 7, moving forward. Specifically, providers self-report of the accessibility of their practice did not appear to be consistent, resulting in the number of accessible practices in Region 7 appearing to be under reported. Since accessibility and disability competent care are high priorities in Region 7, there are activities underway to better engage providers and inform members. The following are examples of current activity within Region 7:

- The Independence Center is purchasing accessible medical equipment for primary care providers who accept Medicare/Medicaid in the Pikes Peak region. Equipment will go to the highest needs practices based on nominations from within the community. Once the nominations are in and equipment is purchased, a map of where the new equipment is placed will be available to the public and accessibility information for the provider network will be updated.
- The Resource Exchange (CCB) has been working on a culturally competent curriculum specific to providers working with members identified with developmental disabilities (IDD) and CCHA hopes to hold a future training for RAE providers.

## Caseload Standards

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

- Geographical mapping and analysis to determine the physical location of each provider in relation to where members reside, which will help inform provider recruitment efforts.
- Assess ratios of members to providers by provider type to determine whether access to services is appropriate based on utilization of services.
- All providers within the travel distance requirements established in the RAE contract will be targeted for ongoing partnership and contracting. Travel distance requirements are not used, however, for behavioral health contracting as a statewide network is in process.
- Determine capacity by multiplying the provider counts for each provider type by the applicable capacity ratio to determine network capacity. Compare the resultant capacity of the network adequacy model to enrollment numbers.

- Optimize continuity of services for members through collaboration and partnership with population centers and high-volume Medicaid providers, and develop more tailored outreach and contracting strategies in areas of sparse provider access to improve continuity in underserved areas.
- Evaluate the capacity and adequacy of the network using a combination of geographic adequacy and the capacity standards in geographical mapping software.

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

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

CCHA understands that some providers may have a member panel that is disproportionately higher-risk, and works to offer additional support those providers, as able. For example, in Region 7, CCHA co-locates a care coordinator in a nephrology practice, recognizing those members tend to have a higher diagnostic cost group (DCG).

At this time, health acuity and severity are not factored in to calculations for determining provider case load across the region; however, CCHA will consider this when more complete and comprehensive data sources are available.

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

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

- Provider caseload has been exceeded for many providers:
  - Enrollment limit exceeded for providers whose enrollment was higher than the stated capacity.
    - Provider enrollment limit was exceeded if previous enrollment was higher than the limit established for July 1, 2018. Members who had an identifiable relationship with the provider were attributed to them, regardless of the provider's enrollment capacity. CCHA will work with these providers and HCPF to ensure member assignment is reduced to an appropriate capacity to meet member needs.
  - Enrollment limit not met or exceed for providers due to system issues.
    - Pediatric providers: a noted issue with system attribution has demonstrated significantly low enrollment for pediatric providers that had high-to-no enrollment limits. CCHA will work with HCPF and providers to assist with resolution to this issue.
    - Auto-assignment indicator was not working properly, which prompted excessive enrollment to some providers and much lower enrollment to others anticipating high attribution. CCHA will work with these providers and HCPF to ensure member assignment is reduced to an appropriate capacity to meet member needs.
- Park County is currently void of primary care providers.



- A local ballot measure passed last year allowing financial support for expansion of primary care in Park County. Specifically the health services district utilized an RFP process to identify providers to move into the community's already existing, yet empty, clinic. A provider has since been identified and HealthONE will be making improvements to the existing clinic and staffing it for primary care this fall. CCHA will be reaching out to recruit this practice.
- Additionally, CCHA is currently contracting with Summit Community Care Clinic, which will be providing integrated primary and behavioral care, family planning, and dental services to certain residents (students, their families and staff) at their school based health clinic beginning August 1, 2018.
- Furthermore, recognizing this area is lacking in resources coupled with this county historically having less than half of its members attributed to a PCMP, CCHA is contracting with Rocky Mountain Rural Health to improve health literacy and health care access in Park and Teller Counties. The partnership will enhance outreach to members and leverage county staff who have been long-time residents and understand the unique needs and limited resources of their community.
- Another partner to help with outreach in rural, underserved areas is the Aspen Mine and Center (AMC), which is located in Cripple Creek and offers a variety of resources and services to neighboring rural communities, such as food resources, clothing, behavioral health, employment assistance, domestic violence and rape/sexual assault victims, aging, etc. AMC will also offer support to members identified for health and social assistance. Additionally, this partnership will provide a platform for local care coordinators to meet for training and resource integration, which will aid in efforts to align priorities and optimize resources.

## Mental Health Certifications

As indicated in Table 1, CCHA is contracted with both physicians and psychiatrists. Within Region 7, CCHA is contracted with AspenPointe CMHC, four psychiatric hospitals, and one Acute Treatment Unit (ATU) which is 27-65 certified. CCHA has an open network to which we have invited all of the CMHCs statewide to join. We are contracted with psychiatric hospitals throughout the state and we continuously recruit additional MDs to join our network.

## Access for Special Populations

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

CCHA employs a multi-disciplinary team of care coordinators who facilitate direct connections among members, providers, case management agencies, hospitals, community resources, schools, criminal justice centers, RAEs, and other health neighborhood stakeholders. With a broad network of care coordinators both in the RAE offices and co-located in provider, hospital, and community settings, CCHA and our partners will continue working to ensure members needs are met in alignment with the no

wrong door approach to accessing care. Further, co-located care coordinators also support provider staff in the integration and resolution of member needs by identifying care gaps that can be addressed by the provider and help with the development of member-centered treatment plans. An example of this is in Region 7 with the Development Disability Health Clinic (DDHS) run by the Federally Qualified Health Center (FQHC) and The Resource Exchange (TRE), the region's Community Centered Board (CCB). This integrated clinic was developed to serve members with IDD and not only has created a pleasing and accessing physical space but also employs staff who have experience working with this population. CCHA will be working closely with TRE and the FQHC to ensure efficient and collaborative care coordination/case management occurs for these individuals.

CCHA's care coordination model is designed to be responsive to both population-specific and member-identified needs, including the following special populations:

- Child welfare-involved members, including foster care:
  - In Region 7, CCHA is a partner of the collaborative management program, leveraging this forum to develop collaborative relationships with community agencies that provide services to children, youth, and their families to understand where gaps exist and to identify potential gaps in the provider network.
  - CCHA is working with Department of Human Services (DHS) core providers to negotiate rates on certain codes to better support these providers who work with the child-welfare population. Additionally, CCHA is educating core providers on requirements for prior authorization and billing to better streamline operations.
  - CCHA is working with the El Paso County DHS child welfare team and with the El Paso HCP team to establish a partnership and determine how our organizations can best work together to support children in need.
  - CCHA is partnering with local DHS and community mental health centers in the region to increase engagement and behavioral health assessments among members involved in foster care. CCHA is also exploring opportunities to co-locate care coordinators at the county so members involved in foster care can be connected to adequate primary care services with immediacy.
  - CCHA care coordinators attend various case staffing meetings led by the Department of Human Services and Health Care Policy and Financing to address the needs of children involved in the child welfare system. Such meetings include Creative Solution Meetings, Family Engagement Meetings, High Fidelity Wrap-around Meetings, Action Meetings, etc.
  - CCHA identifies members involved in child welfare, and coordinates multi-disciplinary team meetings with families and providers to determine how the systems in place can best meet the ongoing needs of the family.
- Maternity:
  - CCHA co-locates clinical care coordinators in hospitals and works to engage members in-person, at the point of care. CCHA is also informed of members who are pregnant through direct outreach, referrals, and daily notifications. Once a member is identified for the maternity program, CCHA will engage the member to complete an assessment, develop a care plan, and coordinate supports and services as appropriate.
  - CCHA has collaborated with Healthy Communities to create MOU's, onboarding processes, and shared workflows, which will ensure appropriate referrals to CCHA's Maternity Care Coordination program.

- CCHA has met with regional representatives of Nurse Family Partnership in order to discuss the development of work flows to ensure timely behavioral health referrals for mothers identified at risk for depression.
- Justice-involved members:
  - CCHA uses a number of strategies to identify and support members who are transitioning out of the criminal justice system, including: monitoring Department of Corrections (DOC) lists of members who are preparing for release; collaborating with community corrections and parole offices to participate in in-reach events; co-locating at community corrections facilities, re-entry events, and parole facilities; and providing direct coordination of member's physical, behavioral, and social needs in partnership with case managers and parole officers. Additionally, CCHA is working to establish co-location at the Cheyenne Mountain Re-Entry Facility.
  - CCHA's Care Coordinators provide wrap-around support for justice-involved members, including Department of Corrections (DOC) prison systems, parolees, statutorily discharged but not on parole, on probation, involved in pre-trial and diversion programs, or living in community corrections and halfway/transitional housing programs.
  - CCHA also attempts to engage Department of Justice case managers, probation staff, and parole officers on the member's care team. Through jail in-reach, CCHA educates members upon entry to the system, develops a plan of care, introduces members to network providers with whom they will continue care post discharge, and identifies other service needs as appropriate, such as behavioral health.
  - Region 7 is working to identify PCMPs who are interested in working with the justice involved population and ValueCare is a practice who has expressed interest.
- Members identified for the Client Over Utilization Program (COUP):
  - As identified by the quarterly list provided by HCPF, CCHA engages members who meet the criteria for COUP and informs them of the health and community services available to them.
  - CCHA is currently working with HCPF staff to better understand operationalization of this program, which will help inform and refine strategies to build a designated COUP provider network.
- Medicare-Medicaid:
  - Medicare-Medicaid enrollees are identified by member rosters. CCHA coordinates in-home assessment to determine quality of setting, address risks related to falls and safety, and develop care plans for coordinating care.
  - CCHA works to develop relationships with other service providers, such as SEP agencies and other agencies providing longer-term services and supports, to coordinate care and case management services as determined by member needs.
  - CCHA is working with behavioral health providers to ensure efficiency in billing practices for members with dual coverage.

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

To support Network Providers in serving the special populations identified above, CCHA will offer provider support and trainings, leveraging provider meetings, webinars and CCHA's website. For example, CCHA plans to host a disability competent care training during a 2019 provider meeting to

support providers in improving accessibility for members with disabilities. Additionally, CCHA will continue to educate providers on the CCHA care coordination programs available to Region 7 members. CCHA will continue to monitor the Provider Network's capacity to serve special populations. Further, if CCHA identifies a gap in access to services for special populations, CCHA will work to recruit additional providers, offering practice support and care coordination services as a strategy to incent providers to increase their capacity to serve special populations.

CCHA is developing a Health Neighborhood and Community Engagement strategy to further partner and collaborate with provider and community stakeholders at the local and regional levels. The program aims to enhance efforts to reduce duplication, align strategic priorities, and leverage existing community alliances and resources. CCHA will facilitate collaboration at various stakeholder levels to ensure member needs are met seamlessly. The program will be guided by the following goals to improve integrated care:

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

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

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

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

		El Paso County			Park County			Teller County		
		Total	# Open to New Members	# Offering Weekend & After-Hours Appts.	Total	# Open to New Members	# Offering Weekend & After-Hours Appts.	Total	# Open to New Members	# Offering Weekend & After-Hours Appts.
Provider Type	Adult Primary Care	303	227	139	0	0	0	18	9	8
	Pediatric Primary Care	340	238	134	0	0	0	18	9	8
	OB/GYN	3	0	0	0	0	0	0	0	0
	Family Planning	114	112	103	0	0	0	2	2	2
	<b>Total PH Providers</b>	El Paso County: 345 of 363 Unique Providers			Park County: 0 of 363 Unique Providers			Teller County: 18 of 363 Unique Providers		
	Adult Mental Health	344	344	245	14	14	14	20	20	18
	Pediatric Mental Health	344	344	245	14	14	14	20	20	18
	Substance Use Disorder	2	2	1	0	0	0	0	0	0
	Psychiatrist	12	12	5	0	0	0	0	0	0
	Child Psychiatrist	24	24	24	0	0	0	1	1	1
	Psychiatric Prescriber	43	43	30	0	0	0	1	1	1
	Acute Care Hospitals	2	2	2	0	0	0	0	0	0
	<b>Total BH Providers</b>	El Paso County: 380 of 394 Unique Providers in R7			Park County: 14 of 394 Unique Providers in R7			Teller County: 21 of 394 Unique Providers in R7		

**Notes:**

- The data only includes providers that have an executed contract with CCHA. These numbers will be updated in Network Report, quarterly.
- An issue was identified in CCHA's data warehouse that incorrectly termed certain individual providers. Resolution is underway, but it should be noted that the provider totals are not fully representative of the entire provider network serving Region 7 PCMPs.
- The physical health provider network data includes only rendering providers that qualify as primary care practitioners affiliated with a contracted primary care location in Region 7.
- Totals for each provider type are not necessarily unique. For example, a single rendering provider is included in both the adult and pediatric provider totals if services are open to both demographics.
- Primary care provider information is inclusive of required information for contracting and voluntary information not required for contracting. As such, the following information is likely underreported and/or not fully representative of the provider network:
  - Provider secondary and tertiary specialty types, particularly for Family Planning and OB/GYN specialists. Further, providers typically only report on specialty types for which they are enrolled as a Colorado Medicaid provider.

- The number of individual providers accepting new Medicaid members, as this is primarily managed at the practice level.
- Data for weekend and after-hours appointments reflects all providers with weekend and/or after-hours appointment availability.
- The behavioral health provider network data included in this plan is not all inclusive and not fully representative of the behavioral health provider network:
  - This data only includes providers whose contracts are finalized in our system.
  - This data only includes providers located in these counties. For statewide data, please see the attached maps.
  - This data is populated with distinct provider data by county. A provider can be attributed to more than one county if they provide services in multiple locations within a county. This attribution by county may inflate the total number of providers reflected in the table.
  - Due to the high provider interest, CCHA experienced delays in finalizing provider contracts, but is working to get all contracted providers loaded and configured in our system.

Table 2: Cultural Competency Training by County and Provider Type

		% of Total Providers with Cultural Competency Training by County		
		El Paso County	Park County	Teller County
Provider Type	Adult Primary Care	62.4%	0%	33.3%
	Pediatric Primary Care	55.6%	0%	33.3%
	OB/GYN	0%	0%	0%
	Family Planning	95.6%	0%	100%
	<b>Total PH Providers</b>	54.8% or 189 of 345 El Paso County Providers Trained in Cultural Competency	0% or 0 of 0 Park County Providers Trained in Cultural Competency	33.3% or 6 of 18 Teller County Providers Trained in Cultural Competency
	Adult Mental Health	0%	0%	0%
	Pediatric Mental Health	0%	0%	0%
	Substance Use Disorder	0%	0%	0%
	Psychiatrist	0%	0%	0%
	Child Psychiatrist	0%	0%	0%
	Psychiatric Prescriber	0%	0%	0%
	Acute Care Hospitals	0%	0%	0%
	<b>Total BH Providers</b>	0% or 0 of 0 El Paso County Providers Trained in Cultural Competency	0% or 0 of 0 Park County Providers Trained in Cultural Competency	0% or 0 of 0 Teller County Providers Trained in Cultural Competency

**Notes:**

- CCHA is currently working to streamline PCMP contracting data. As such, access to the comprehensive data set that contains cultural competency indicators is currently unavailable. However, as part of CCHA's Provider Support Plan, CCHA will offer Medicaid Academy Trainings. Training will be held every six months and CCHA will also ensure that all PCMPs are fully trained on cultural and disability competency, to include:
  - Health care attitudes, values, customs and beliefs that affect access to and benefit from health care services.
  - The medical risks associated with the Member population's racial, ethnic and socioeconomic conditions.
- 53.7% of 363 unique physical health providers have had cultural competency training in Region 7

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

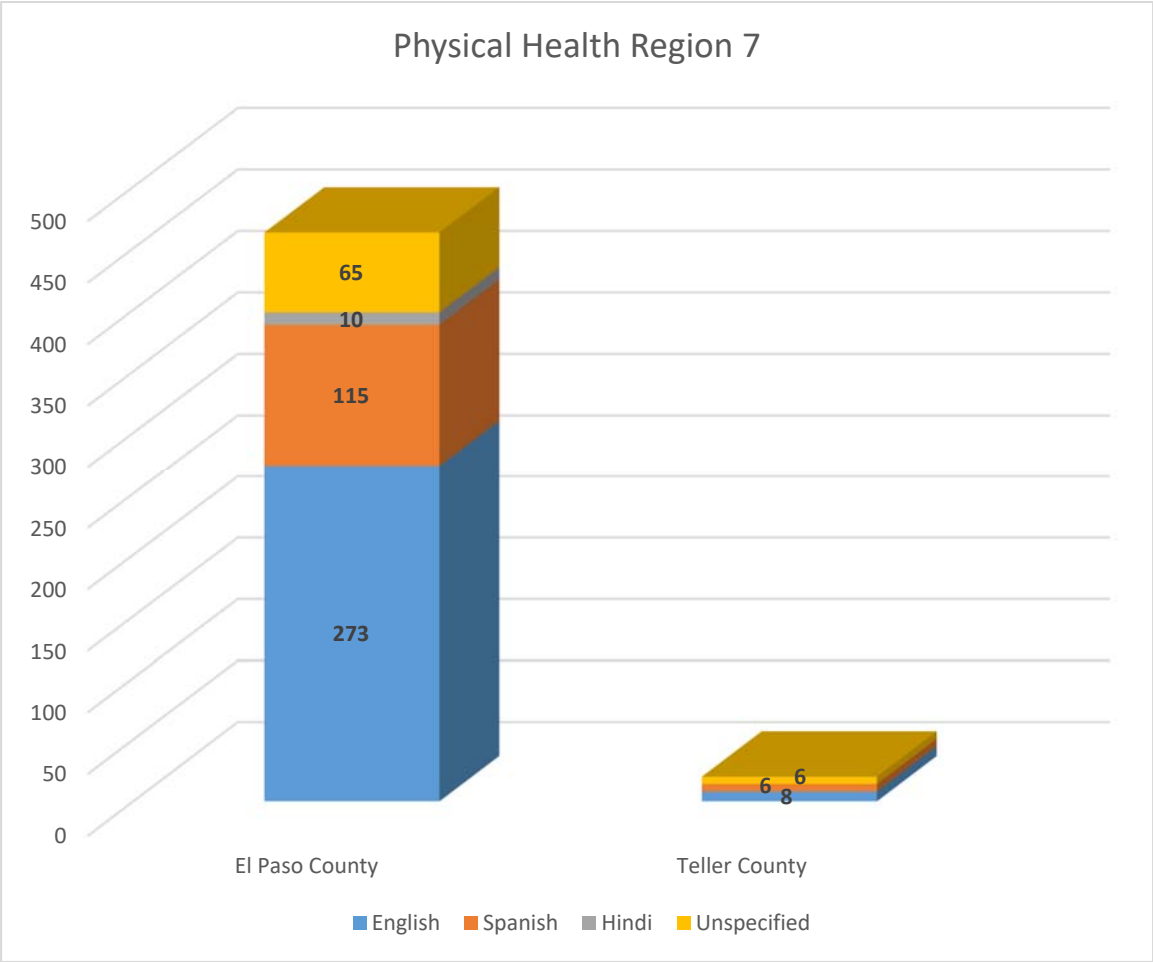
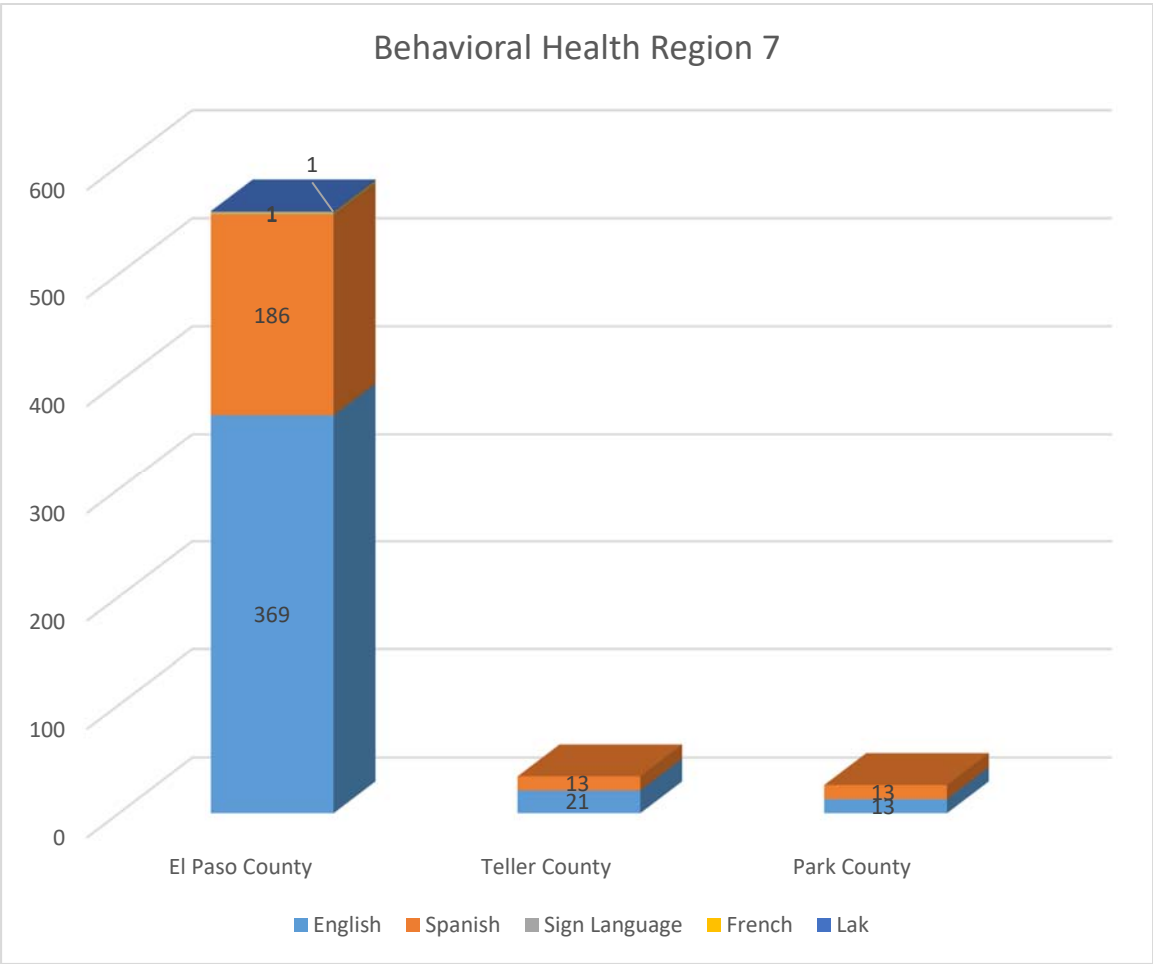
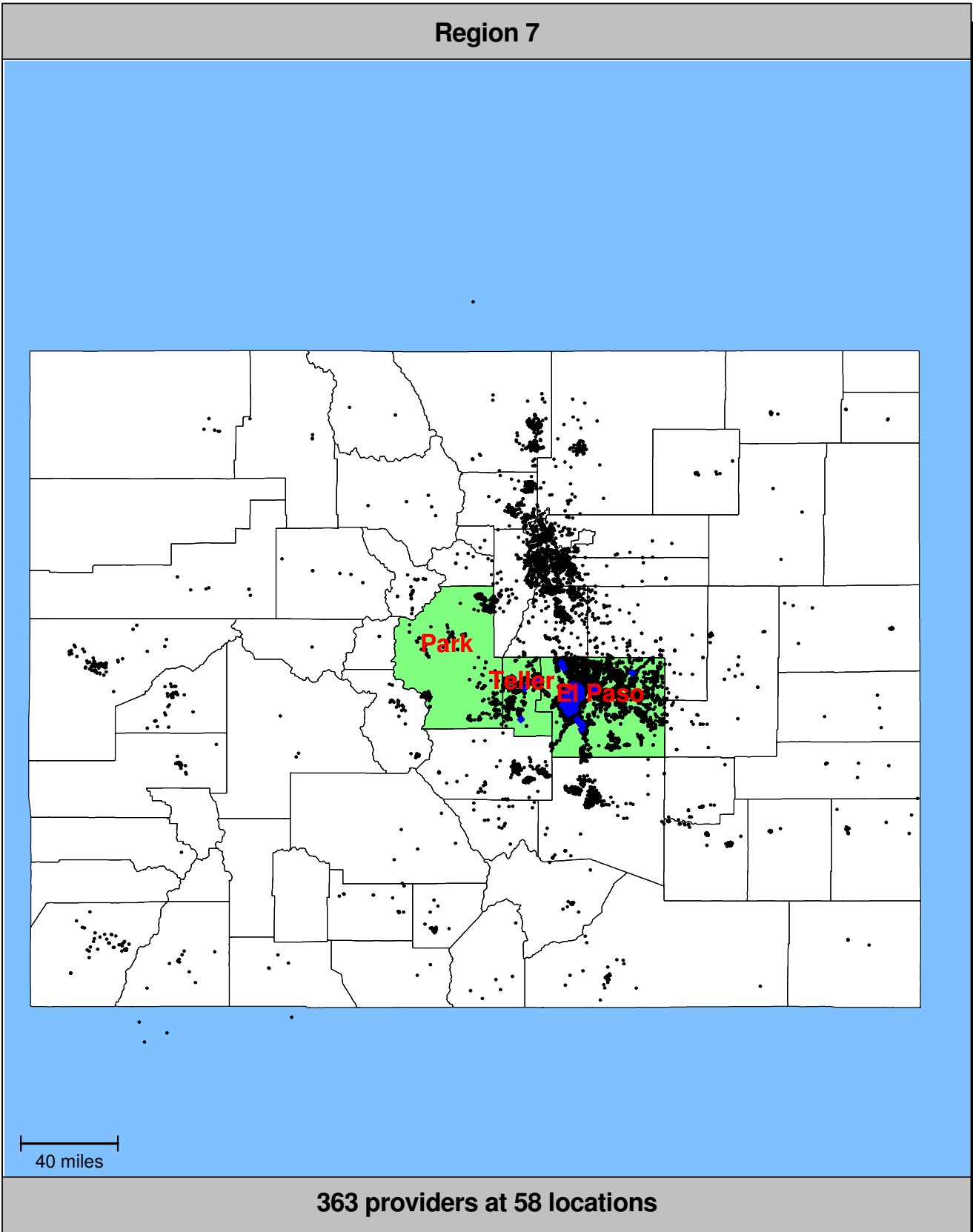




Figure 2: Breakdown of Languages Spoken by Behavioral Health Providers in Each County

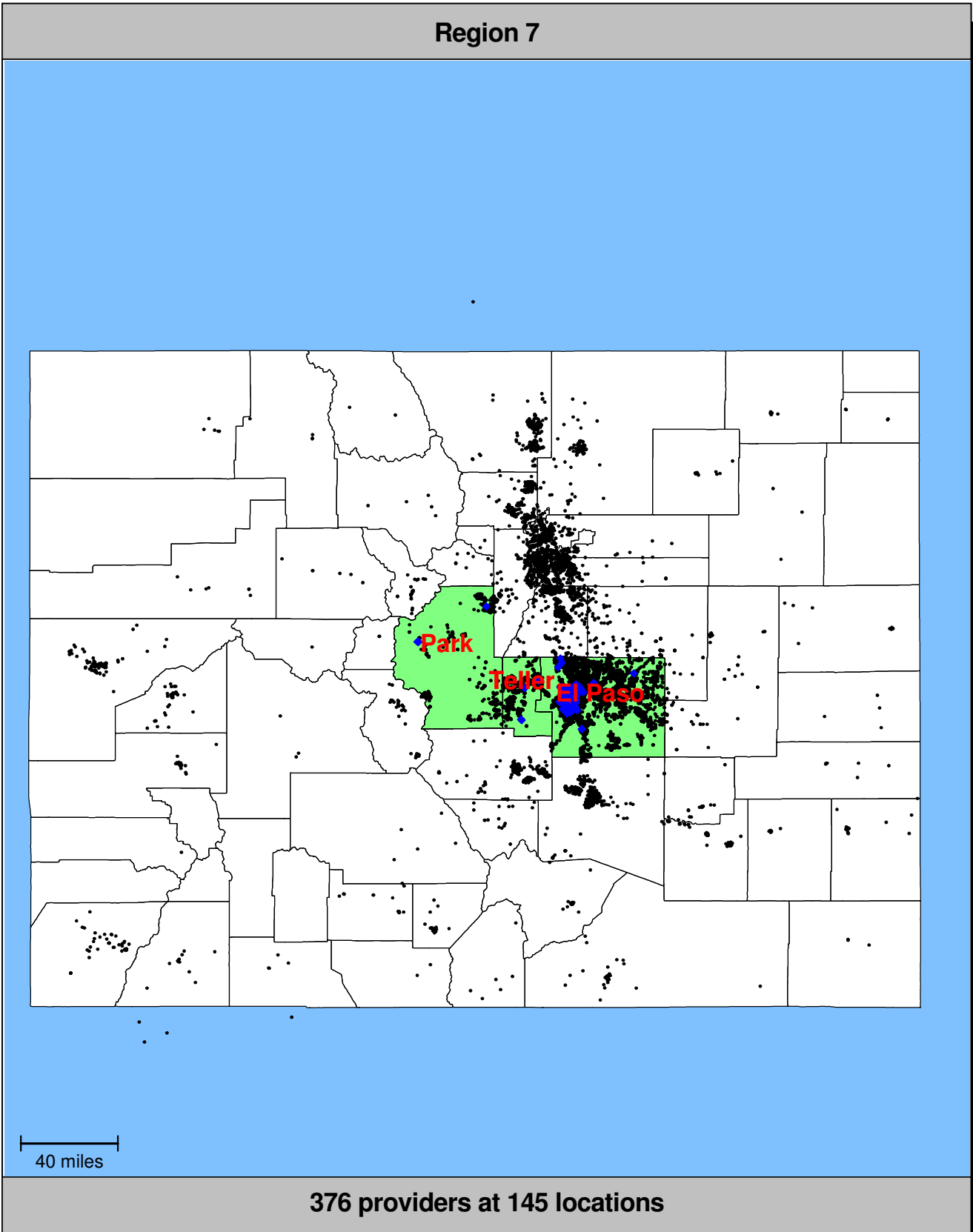


# Physical Health Provider locations



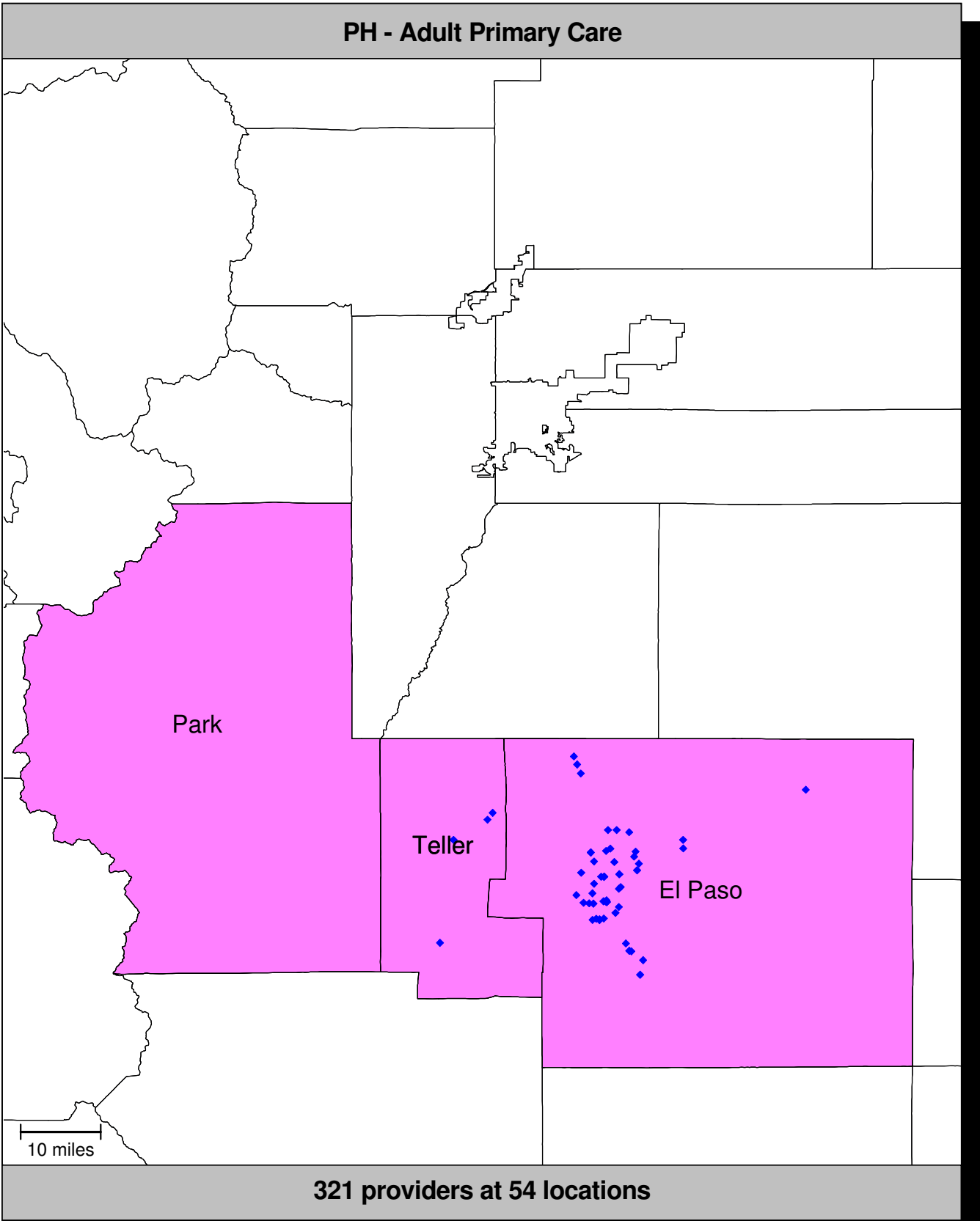
- Member locations (168,464)
- Single provider locations (1)
- ◆ Multiple provider locations (57)

# Behavioral Health Provider locations



- Member locations (168,464)
- Single provider locations (3)
- ◆ Multiple provider locations (142)

# Region 7 Provider locations



- Single provider locations (0)
- ◆ Multiple provider locations (54)

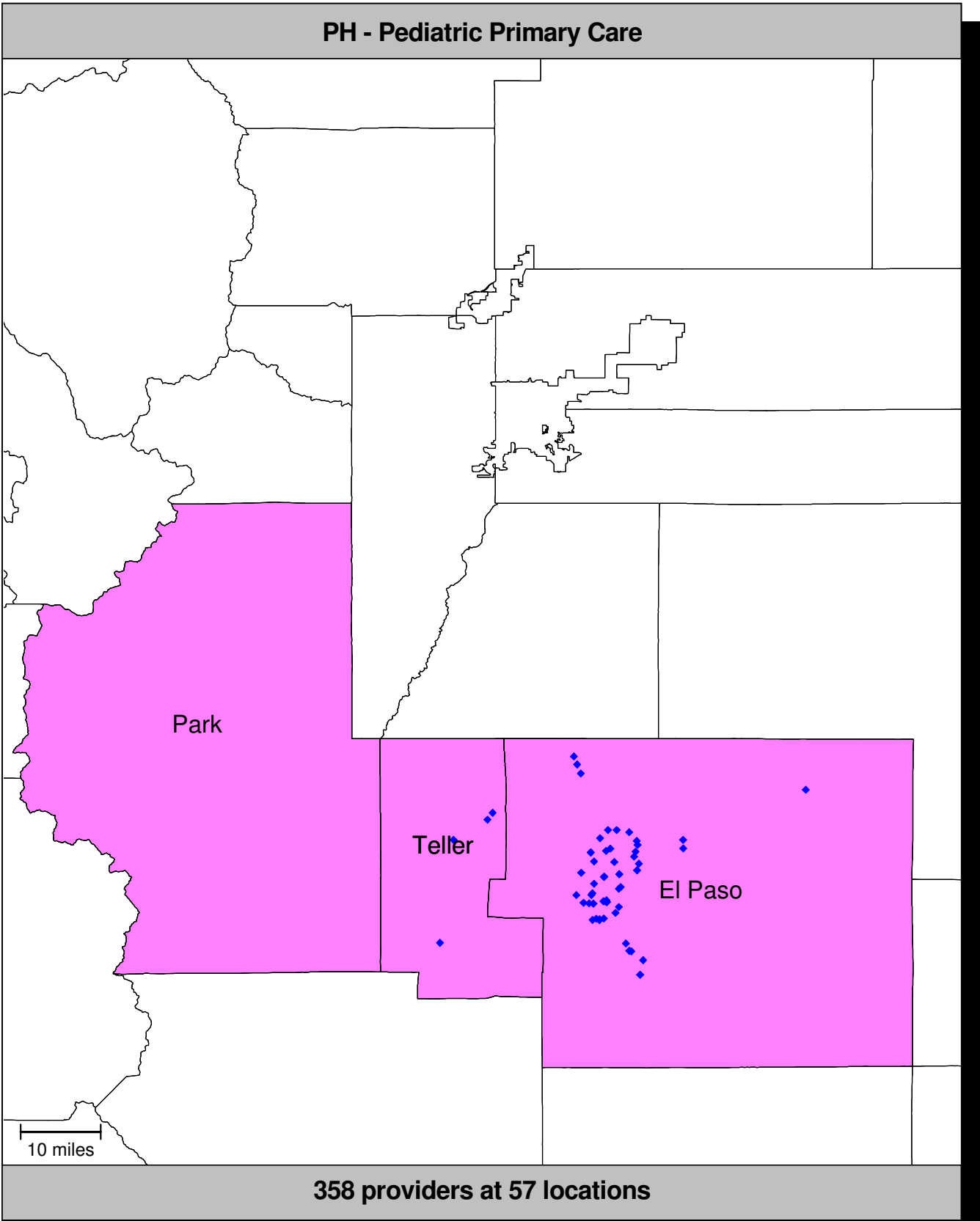
## Accessibility summary

Accessibility analysis specifications	
Provider group:	<b>PH - Adult Primary Care</b> 321 providers at 54 locations (based on 515 records)
Member group:	<b>Region 7 Members</b> 168,464 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 45.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 86,972 (100.0%) with access (98.2%), without access (1.8%) Suburban: 45,217 (100.0%) with access (98.0%), without access (2.0%) Rural: 35,250 (100.0%) with access (95.5%), without access (4.5%) Frontier: 1,025 (100.0%) with access (62.3%), without access (37.7%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	2.3	2.3	2.5	2.5	2.6
Suburban	3.8	3.8	3.9	4.0	4.0
Rural	13.4	13.4	13.6	13.6	13.6
Frontier	89.5	89.5	89.5	89.5	89.5

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
EL PASO	155,363	100.0	0.0	1.7
TELLER	4,757	100.0	0.0	4.0
PARK	1,423	68.6	31.4	43.3
DOUGLAS	946	69.3	30.7	27.1
PUEBLO	906	85.3	14.7	32.1
DENVER	764	0.0	100.0	48.0
ELBERT	637	100.0	0.0	13.0
FREMONT	437	98.9	1.1	25.4
ARAPAHOE	416	5.5	94.5	41.0
BOULDER	404	0.0	100.0	76.0

# Region 7 Provider locations



- Single provider locations (0)
- ◆ Multiple provider locations (57)

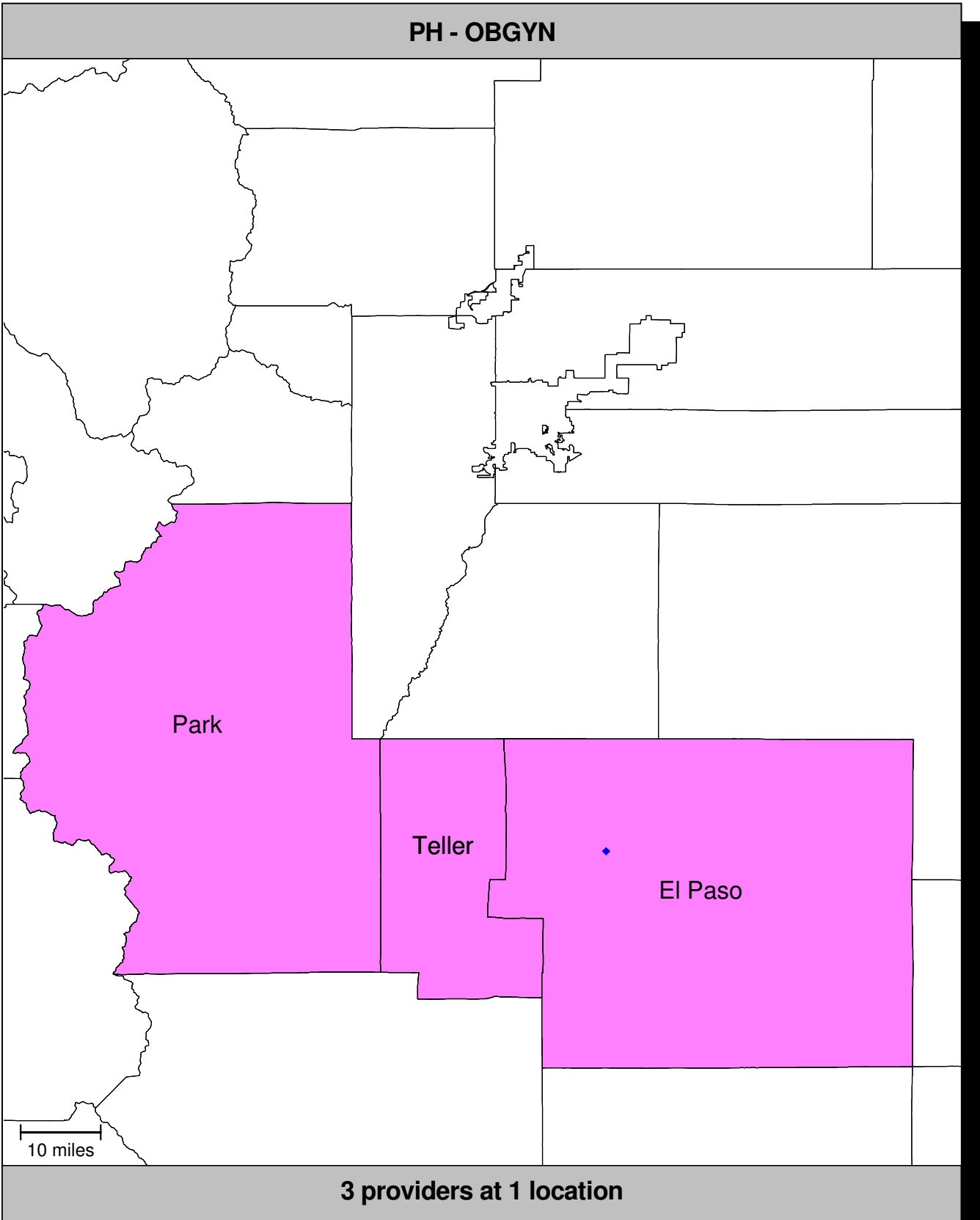
## Accessibility summary

Accessibility analysis specifications	
Provider group:	<b>PH - Pediatric Primary Care</b> 358 providers at 57 locations (based on 558 records)
Member group:	<b>Region 7 Members</b> 168,464 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 45.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 86,972 (100.0%) with access (98.2%), without access (1.8%) Suburban: 45,217 (100.0%) with access (98.0%), without access (2.0%) Rural: 35,250 (100.0%) with access (95.5%), without access (4.5%) Frontier: 1,025 (100.0%) with access (62.3%), without access (37.7%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	2.3	2.3	2.4	2.5	2.5
Suburban	3.7	3.7	3.9	3.9	4.0
Rural	13.4	13.4	13.6	13.6	13.6
Frontier	89.5	89.5	89.5	89.5	89.5

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
EL PASO	155,363	100.0	0.0	1.7
TELLER	4,757	100.0	0.0	4.0
PARK	1,423	68.6	31.4	43.3
DOUGLAS	946	69.3	30.7	27.1
PUEBLO	906	85.3	14.7	32.1
DENVER	764	0.0	100.0	48.0
ELBERT	637	100.0	0.0	13.0
FREMONT	437	98.9	1.1	25.4
ARAPAHOE	416	5.5	94.5	41.0
BOULDER	404	0.0	100.0	76.0

Region 7 Provider locations





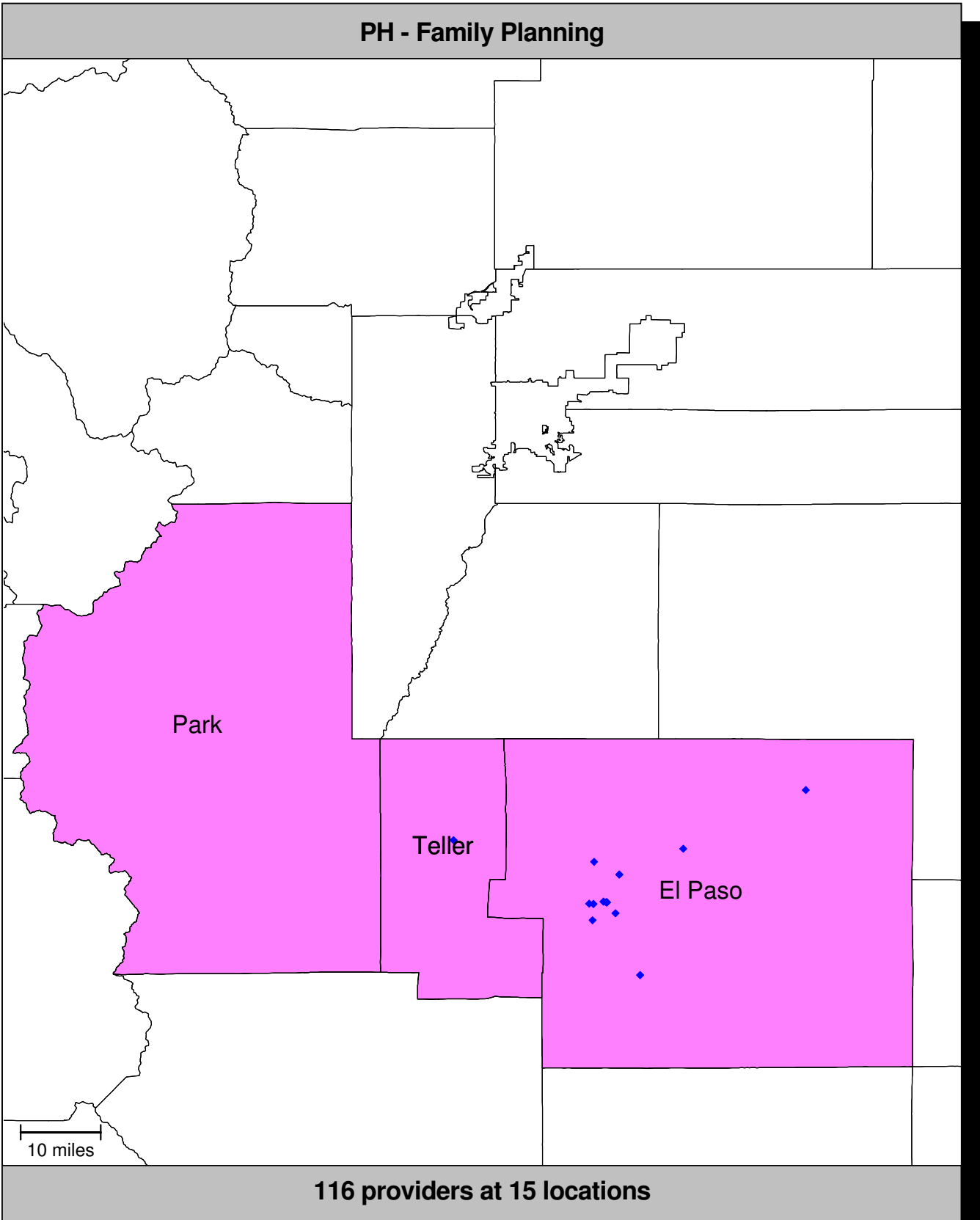
## Accessibility summary

Accessibility analysis specifications	
Provider group:	<b>PH - OBGYN</b> 3 providers at 1 location (based on 4 records)
Member group:	<b>Region 7 Members</b> 168,464 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 45.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 86,972 (100.0%) with access (98.2%), without access (1.8%) Suburban: 45,217 (100.0%) with access (98.0%), without access (2.0%) Rural: 35,250 (100.0%) with access (90.9%), without access (9.1%) Frontier: 1,025 (100.0%) with access (10.8%), without access (89.2%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	8.0	8.0	8.0	8.0	---
Suburban	11.5	11.5	11.5	11.5	---
Rural	27.5	27.5	27.5	27.5	---
Frontier	110.2	110.2	110.2	110.2	---

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
EL PASO	155,363	100.0	0.0	9.0
TELLER	4,757	100.0	0.0	23.3
PARK	1,423	14.7	85.3	60.9
DOUGLAS	946	66.1	33.9	39.8
PUEBLO	906	21.6	78.4	49.3
DENVER	764	0.0	100.0	61.6
ELBERT	637	81.5	18.5	30.2
FREMONT	437	17.2	82.8	48.3
ARAPAHOE	416	0.0	100.0	53.2
BOULDER	404	0.0	100.0	89.3

# Region 7 Provider locations



- Single provider locations (0)
- ◆ Multiple provider locations (15)

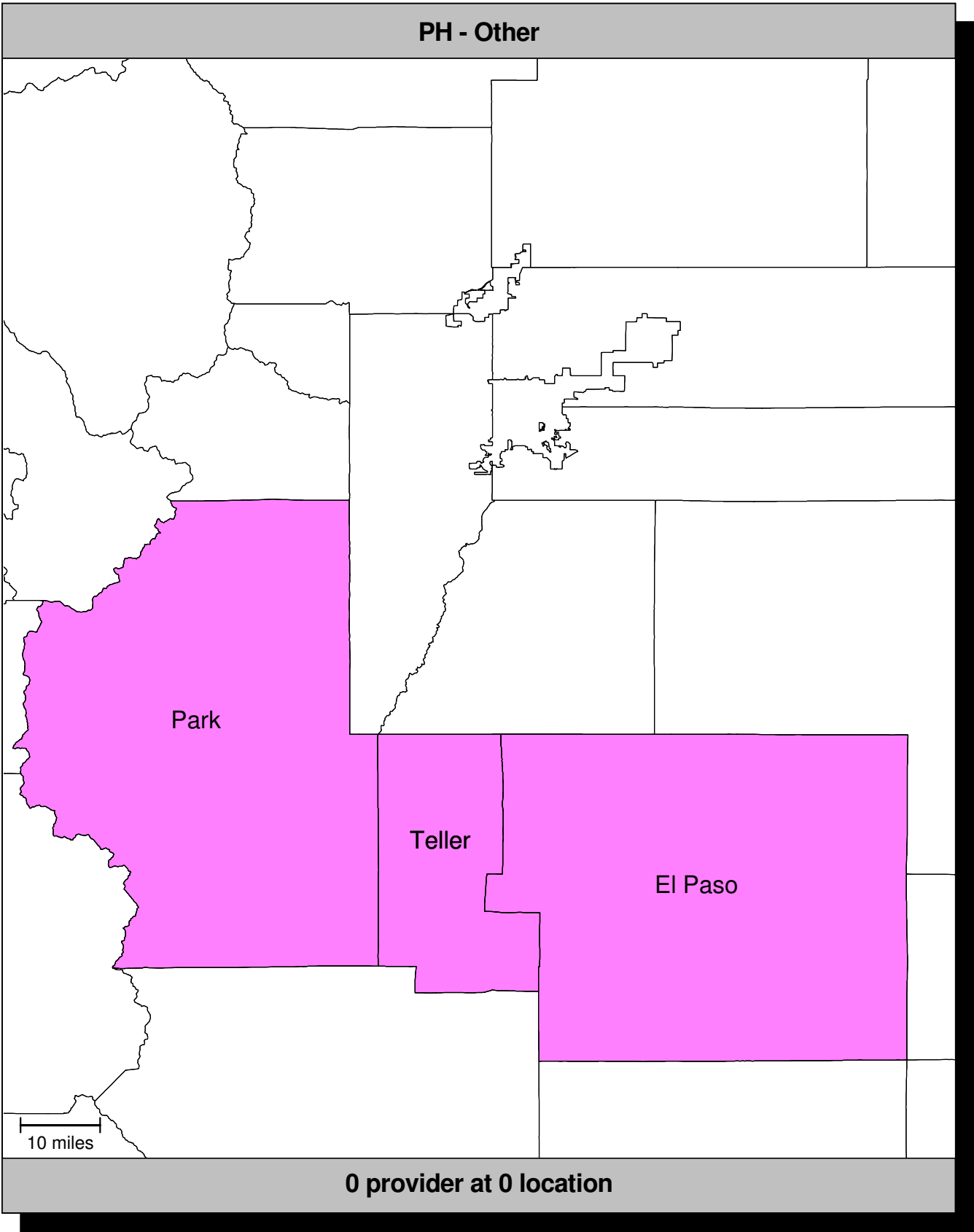
## Accessibility summary

Accessibility analysis specifications	
Provider group:	<b>PH - Family Planning</b> 116 providers at 15 locations (based on 262 records)
Member group:	<b>Region 7 Members</b> 168,464 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 45.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 86,972 (100.0%) with access (98.2%), without access (1.8%) Suburban: 45,217 (100.0%) with access (98.0%), without access (2.0%) Rural: 35,250 (100.0%) with access (95.3%), without access (4.7%) Frontier: 1,025 (100.0%) with access (59.9%), without access (40.1%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	3.3	3.3	3.3	3.3	3.8
Suburban	5.9	5.9	5.9	5.9	6.1
Rural	16.2	16.2	16.2	16.2	16.3
Frontier	92.5	92.5	92.5	92.5	92.5

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
EL PASO	155,363	100.0	0.0	3.1
TELLER	4,757	100.0	0.0	8.8
PARK	1,423	68.6	31.4	44.0
DOUGLAS	946	66.8	33.2	39.4
PUEBLO	906	85.3	14.7	32.1
DENVER	764	0.0	100.0	60.1
ELBERT	637	100.0	0.0	13.8
FREMONT	437	97.0	3.0	36.8
ARAPAHOE	416	0.7	99.3	52.7
BOULDER	404	0.0	100.0	81.0

# Region 7 Provider locations



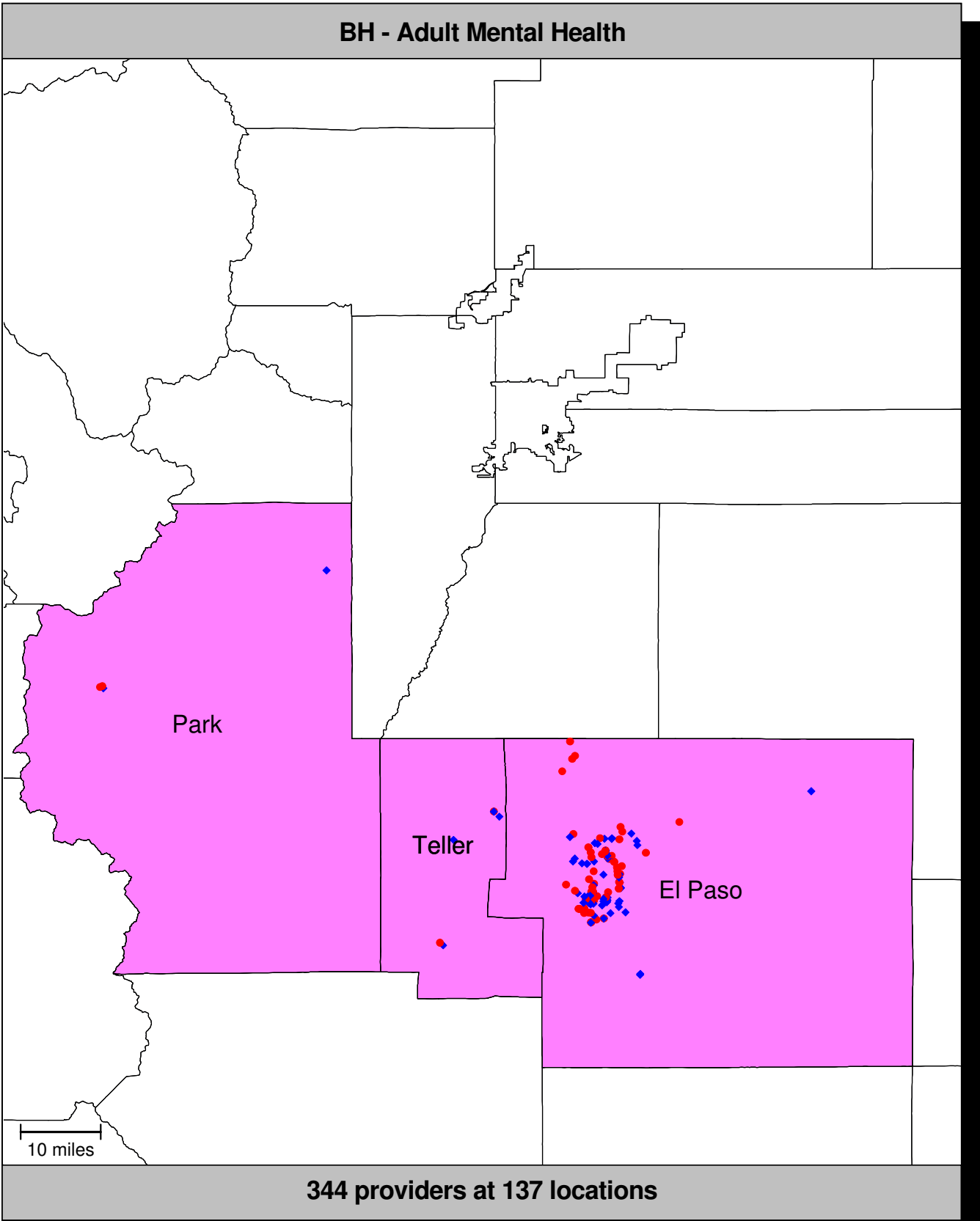
## Accessibility summary

Accessibility analysis specifications	
Provider group:	<b>PH - Other</b> 0 providers at 0 locations (based on 0 records)
Member group:	<b>Region 7 Members</b> 168,464 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 45.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 86,972 (100.0%) with access (0.0%), without access (100.0%) Suburban: 45,217 (100.0%) with access (0.0%), without access (100.0%) Rural: 35,250 (100.0%) with access (0.0%), without access (100.0%) Frontier: 1,025 (100.0%) with access (0.0%), without access (100.0%)

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

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
EL PASO	155,363	0.0	100.0	---
TELLER	4,757	0.0	100.0	---
PARK	1,423	0.0	100.0	---
DOUGLAS	946	0.0	100.0	---
PUEBLO	906	0.0	100.0	---
DENVER	764	0.0	100.0	---
ELBERT	637	0.0	100.0	---
FREMONT	437	0.0	100.0	---
ARAPAHOE	416	0.0	100.0	---
BOULDER	404	0.0	100.0	---

# Region 7 Provider locations



- Single provider locations (68)
- ◆ Multiple provider locations (69)

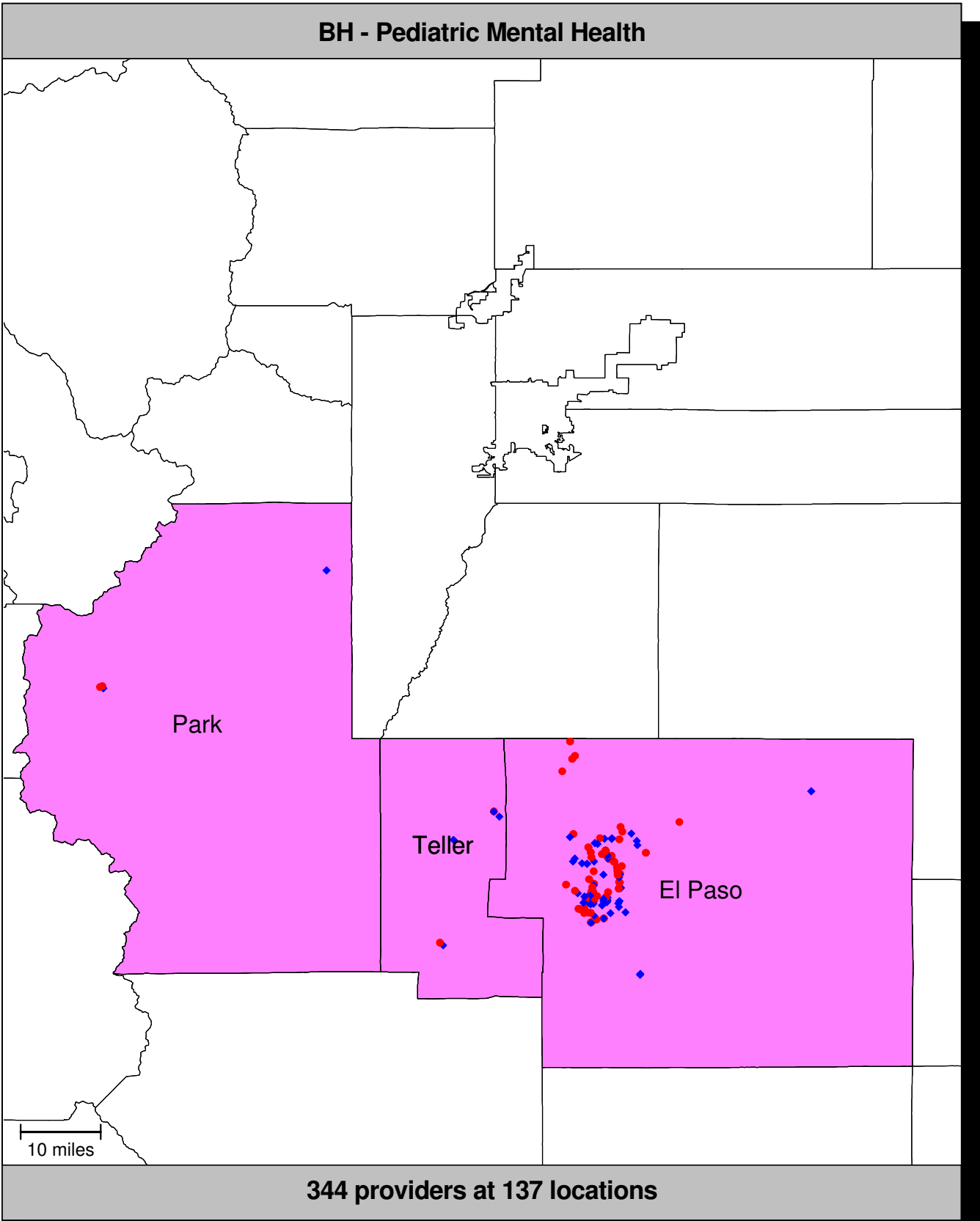
## Accessibility summary

Accessibility analysis specifications	
Provider group:	<b>BH - Adult Mental Health</b> 344 providers at 137 locations (based on 903 records)
Member group:	<b>Region 7 Members</b> 168,464 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 86,972 (100.0%) with access (98.3%), without access (1.7%) Suburban: 45,217 (100.0%) with access (98.0%), without access (2.0%) Rural: 35,250 (100.0%) with access (97.9%), without access (2.1%) Frontier: 1,025 (100.0%) with access (64.8%), without access (35.2%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	1.9	2.0	2.1	2.2	2.2
Suburban	3.8	4.0	4.1	4.2	4.3
Rural	12.1	12.8	13.2	13.4	13.9
Frontier	70.0	70.1	70.1	70.1	70.1

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
EL PASO	155,363	100.0	0.0	2.0
TELLER	4,757	100.0	0.0	4.0
PARK	1,423	100.0	0.0	9.7
DOUGLAS	946	74.9	25.1	26.1
PUEBLO	906	88.0	12.0	32.1
DENVER	764	2.2	97.8	41.5
ELBERT	637	100.0	0.0	15.5
FREMONT	437	100.0	0.0	25.2
ARAPAHOE	416	8.4	91.6	39.9
BOULDER	404	24.3	75.7	54.3

# Region 7 Provider locations



- Single provider locations (68)
- ◆ Multiple provider locations (69)



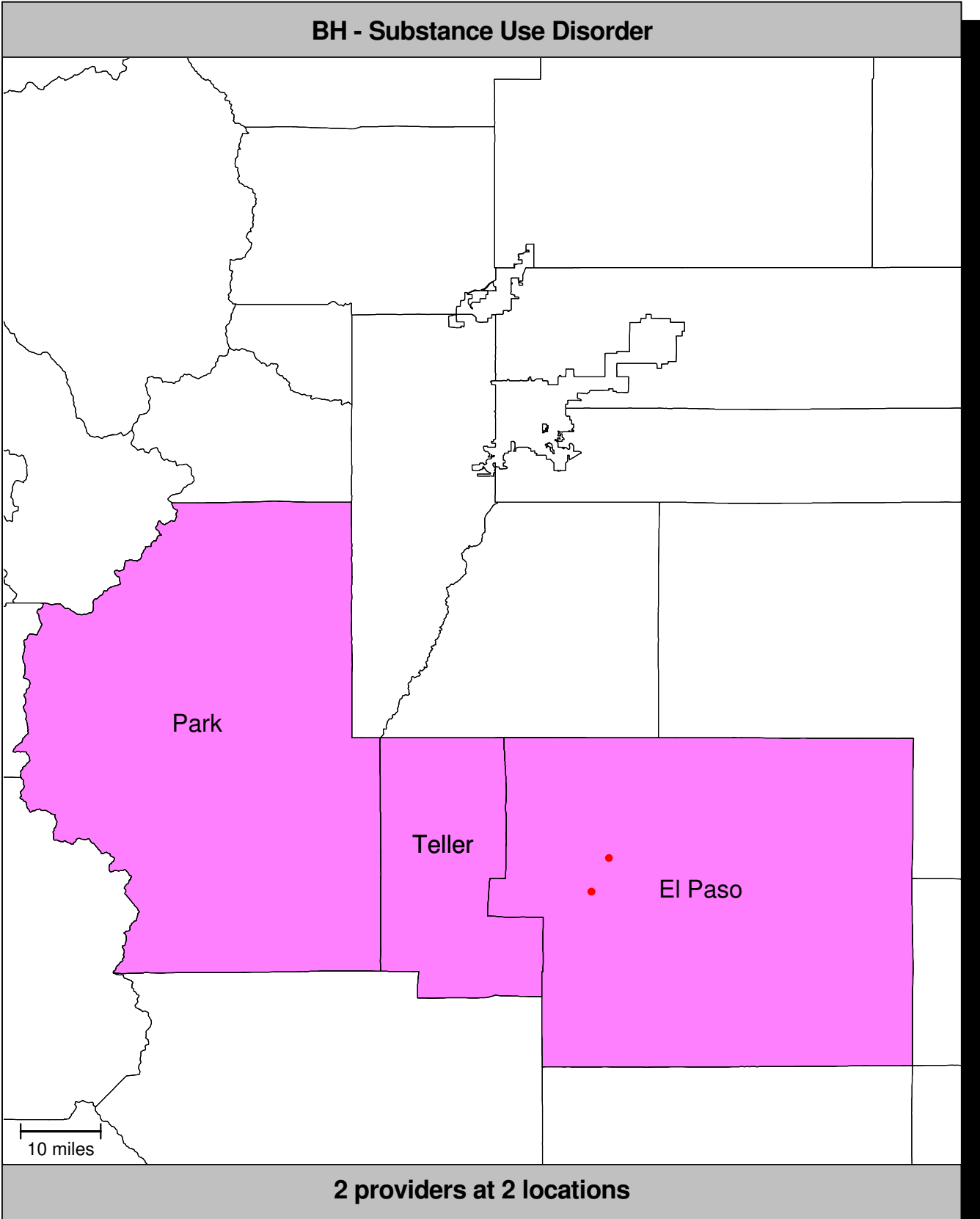
## Accessibility summary

Accessibility analysis specifications	
Provider group:	<b>BH - Pediatric Mental Health</b> 344 providers at 137 locations (based on 903 records)
Member group:	<b>Region 7 Members</b> 168,464 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 60.0 miles
All members:	Urban: 86,972 (100.0%) with access (98.3%), without access (1.7%) Suburban: 45,217 (100.0%) with access (98.0%), without access (2.0%) Rural: 35,250 (100.0%) with access (97.9%), without access (2.1%) Frontier: 1,025 (100.0%) with access (64.8%), without access (35.2%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	1.9	2.0	2.1	2.2	2.2
Suburban	3.8	4.0	4.1	4.2	4.3
Rural	12.1	12.8	13.2	13.4	13.9
Frontier	70.0	70.1	70.1	70.1	70.1

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
EL PASO	155,363	100.0	0.0	2.0
TELLER	4,757	100.0	0.0	4.0
PARK	1,423	100.0	0.0	9.7
DOUGLAS	946	74.9	25.1	26.1
PUEBLO	906	88.0	12.0	32.1
DENVER	764	2.2	97.8	41.5
ELBERT	637	100.0	0.0	15.5
FREMONT	437	100.0	0.0	25.2
ARAPAHOE	416	8.4	91.6	39.9
BOULDER	404	24.3	75.7	54.3

# Region 7 Provider locations



● Provider locations (2)

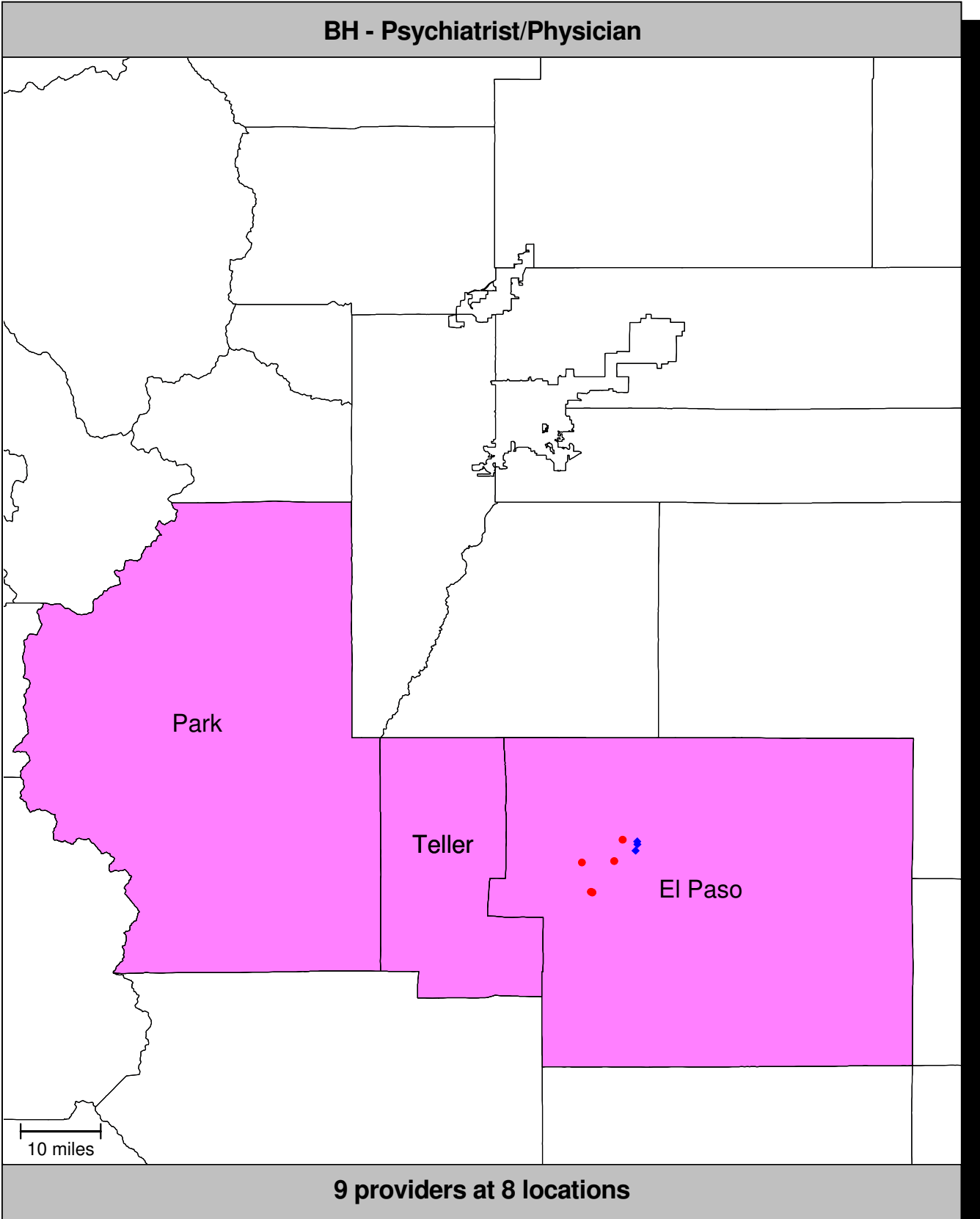
## Accessibility summary

Accessibility analysis specifications	
Provider group:	<b>BH - Substance Use Disorder</b> 2 providers at 2 locations (based on 2 records)
Member group:	<b>Region 7 Members</b> 168,464 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 90.0 miles
All members:	Urban: 86,972 (100.0%) with access (98.2%), without access (1.8%) Suburban: 45,217 (100.0%) with access (98.0%), without access (2.0%) Rural: 35,250 (100.0%) with access (94.5%), without access (5.5%) Frontier: 1,025 (100.0%) with access (63.0%), without access (37.0%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	5.3	8.4	---	---	---
Suburban	8.5	12.2	---	---	---
Rural	26.2	29.3	---	---	---
Frontier	108.4	110.8	---	---	---

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
EL PASO	155,363	100.0	0.0	9.7
TELLER	4,757	100.0	0.0	24.9
PARK	1,423	51.3	48.7	62.7
DOUGLAS	946	69.3	30.7	44.4
PUEBLO	906	84.4	15.6	48.1
DENVER	764	0.0	100.0	65.9
ELBERT	637	100.0	0.0	35.9
FREMONT	437	97.7	2.3	47.7
ARAPAHOE	416	4.8	95.2	58.2
BOULDER	404	0.0	100.0	93.5

# Region 7 Provider locations



- Single provider locations (5)
- ◆ Multiple provider locations (3)

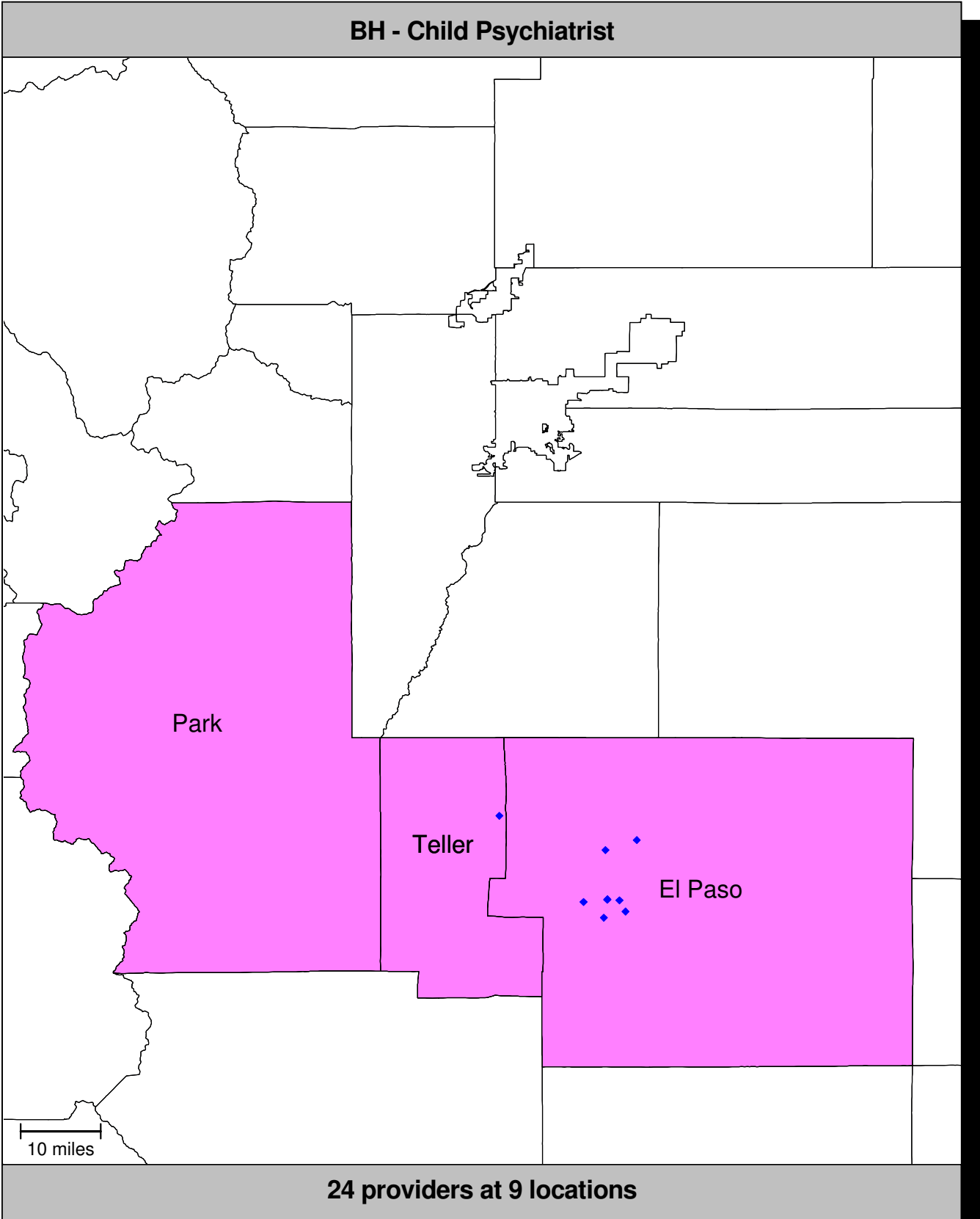
## Accessibility summary

Accessibility analysis specifications	
Provider group:	<b>BH - Psychiatrist/Physician</b> 9 providers at 8 locations (based on 12 records)
Member group:	<b>Region 7 Members</b> 168,464 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 90.0 miles
All members:	Urban: 86,972 (100.0%) with access (98.2%), without access (1.8%) Suburban: 45,217 (100.0%) with access (98.0%), without access (2.0%) Rural: 35,250 (100.0%) with access (95.4%), without access (4.6%) Frontier: 1,025 (100.0%) with access (63.9%), without access (36.1%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	4.8	5.4	6.7	8.1	9.2
Suburban	7.4	7.9	9.4	10.4	11.7
Rural	24.3	24.9	25.6	26.0	26.6
Frontier	106.7	108.1	108.8	110.3	111.5

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
EL PASO	155,363	100.0	0.0	6.0
TELLER	4,757	100.0	0.0	22.7
PARK	1,423	66.1	33.9	61.1
DOUGLAS	946	69.3	30.7	39.7
PUEBLO	906	85.3	14.7	45.3
DENVER	764	1.3	98.7	61.7
ELBERT	637	100.0	0.0	25.8
FREMONT	437	98.9	1.1	42.4
ARAPAHOE	416	5.8	94.2	53.2
BOULDER	404	0.0	100.0	89.5

# Region 7 Provider locations



- Single provider locations (0)
- ◆ Multiple provider locations (9)

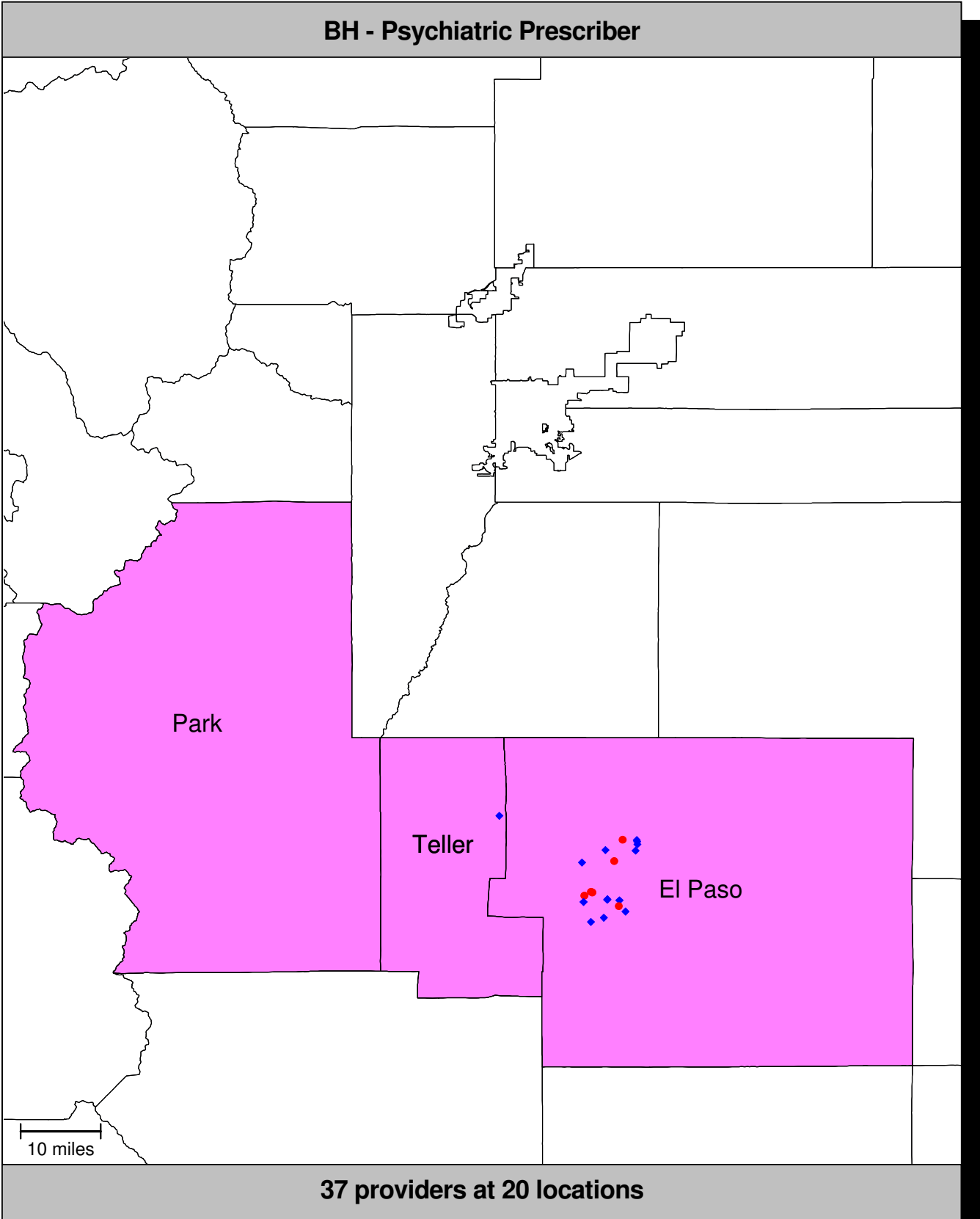
## Accessibility summary

Accessibility analysis specifications	
Provider group:	<b>BH - Child Psychiatrist</b> 24 providers at 9 locations (based on 154 records)
Member group:	<b>Region 7 Members</b> 168,464 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 90.0 miles
All members:	Urban: 86,972 (100.0%) with access (98.2%), without access (1.8%) Suburban: 45,217 (100.0%) with access (98.0%), without access (2.0%) Rural: 35,250 (100.0%) with access (96.9%), without access (3.1%) Frontier: 1,025 (100.0%) with access (64.7%), without access (35.3%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	3.4	3.4	3.9	3.9	3.9
Suburban	5.7	5.7	6.0	6.0	6.1
Rural	20.3	20.3	22.7	22.7	23.1
Frontier	99.5	99.5	106.7	106.7	107.1

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
EL PASO	155,363	100.0	0.0	3.9
TELLER	4,757	100.0	0.0	10.0
PARK	1,423	96.2	3.8	47.4
DOUGLAS	946	69.3	30.7	36.2
PUEBLO	906	87.0	13.0	40.4
DENVER	764	1.4	98.6	55.0
ELBERT	637	100.0	0.0	25.7
FREMONT	437	98.9	1.1	40.5
ARAPAHOE	416	5.8	94.2	51.1
BOULDER	404	0.0	100.0	79.3

# Region 7 Provider locations



- Single provider locations (6)
- ◆ Multiple provider locations (14)



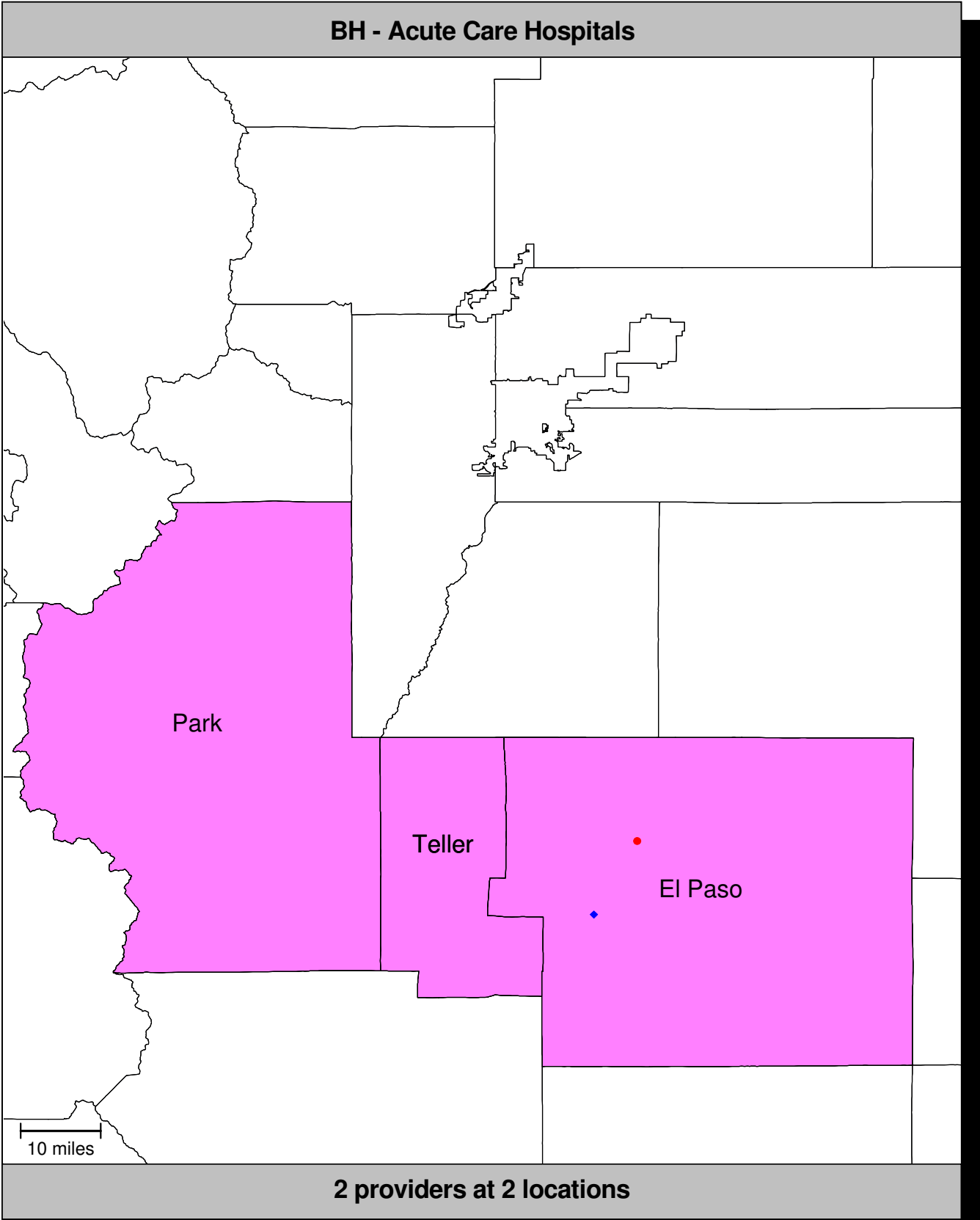
## Accessibility summary

Accessibility analysis specifications	
Provider group:	<b>BH - Psychiatric Prescriber</b> 37 providers at 20 locations (based on 176 records)
Member group:	<b>Region 7 Members</b> 168,464 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 90.0 miles
All members:	Urban: 86,972 (100.0%) with access (98.2%), without access (1.8%) Suburban: 45,217 (100.0%) with access (98.0%), without access (2.0%) Rural: 35,250 (100.0%) with access (96.9%), without access (3.1%) Frontier: 1,025 (100.0%) with access (64.7%), without access (35.3%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	2.8	3.1	3.3	3.5	3.5
Suburban	5.2	5.4	5.7	5.7	5.8
Rural	20.1	20.2	22.3	22.3	22.3
Frontier	99.4	99.4	105.7	105.7	105.8

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
EL PASO	155,363	100.0	0.0	3.6
TELLER	4,757	100.0	0.0	9.9
PARK	1,423	96.2	3.8	47.4
DOUGLAS	946	69.3	30.7	36.2
PUEBLO	906	87.0	13.0	40.4
DENVER	764	1.4	98.6	55.0
ELBERT	637	100.0	0.0	25.7
FREMONT	437	98.9	1.1	39.2
ARAPAHOE	416	5.8	94.2	51.1
BOULDER	404	0.0	100.0	79.3

# Region 7 Provider locations



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

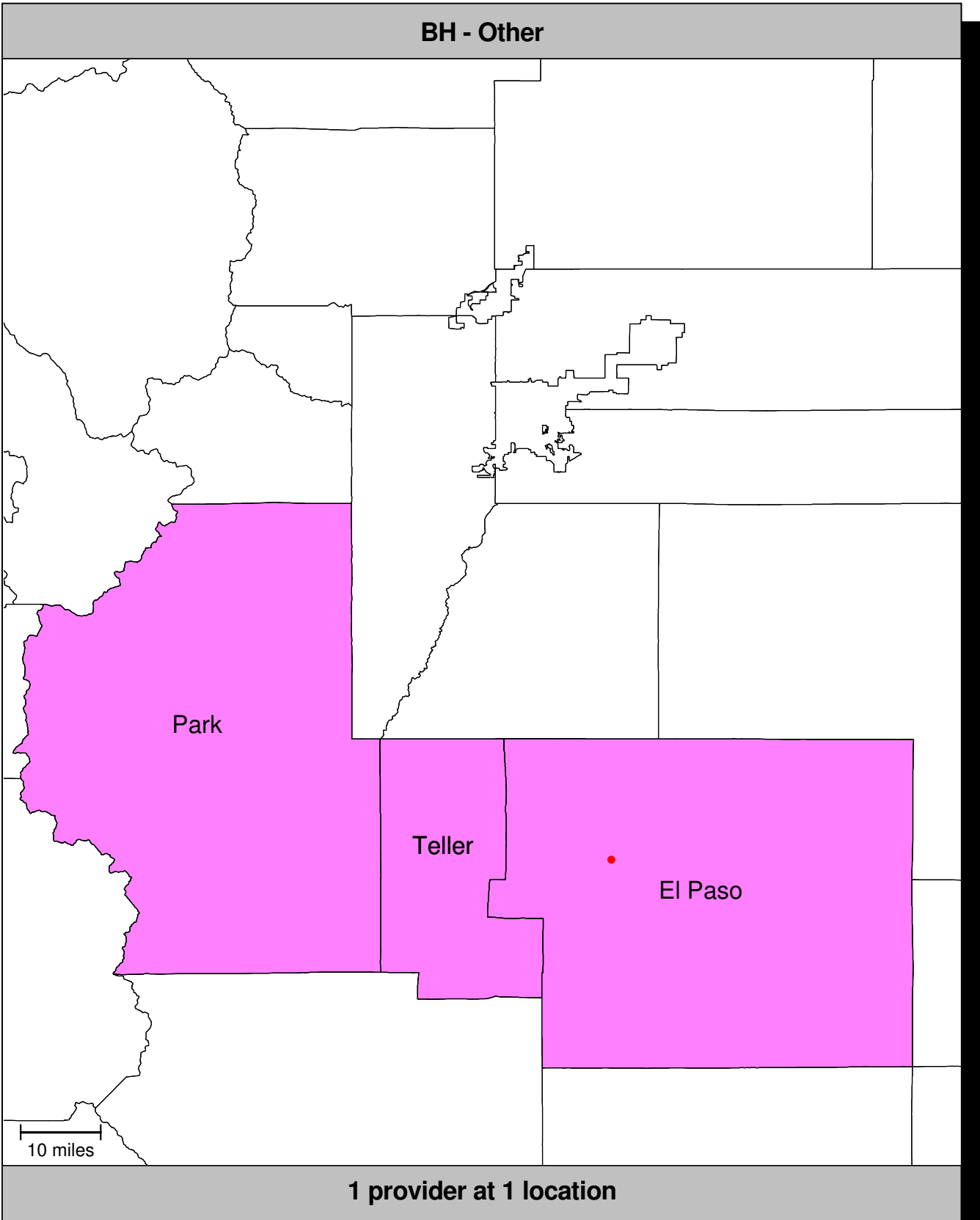
## Accessibility summary

Accessibility analysis specifications	
Provider group:	<b>BH - Acute Care Hospitals</b> 2 providers at 2 locations (based on 4 records)
Member group:	<b>Region 7 Members</b> 168,464 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 90.0 miles
All members:	Urban: 86,972 (100.0%) with access (98.2%), without access (1.8%) Suburban: 45,217 (100.0%) with access (98.0%), without access (2.0%) Rural: 35,250 (100.0%) with access (94.3%), without access (5.7%) Frontier: 1,025 (100.0%) with access (62.8%), without access (37.2%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	5.9	7.6	7.6	11.9	---
Suburban	7.4	10.1	10.1	15.2	---
Rural	24.5	28.6	28.6	30.9	---
Frontier	108.4	109.2	109.2	113.6	---

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
EL PASO	155,363	100.0	0.0	8.4
TELLER	4,757	100.0	0.0	25.3
PARK	1,423	46.5	53.5	64.2
DOUGLAS	946	69.3	30.7	47.3
PUEBLO	906	87.0	13.0	42.4
DENVER	764	0.0	100.0	68.9
ELBERT	637	98.3	1.7	38.0
FREMONT	437	98.9	1.1	40.2
ARAPAHOE	416	0.5	99.5	61.1
BOULDER	404	0.0	100.0	96.4

Region 7 Provider locations



● Provider locations (1)

## Accessibility summary

Accessibility analysis specifications	
Provider group:	<b>BH - Other</b> 1 provider at 1 location (based on 1 record)
Member group:	<b>Region 7 Members</b> 168,464 members
Access standard:	Urban:2 Providers within 30.0 miles Suburban:2 Providers within 30.0 miles Rural:2 Providers within 60.0 miles Frontier:2 Providers within 90.0 miles
All members:	Urban: 86,972 (100.0%) with access (0.0%), without access (100.0%) Suburban: 45,217 (100.0%) with access (0.0%), without access (100.0%) Rural: 35,250 (100.0%) with access (0.0%), without access (100.0%) Frontier: 1,025 (100.0%) with access (0.0%), without access (100.0%)

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Urban	7.0	---	---	---	---
Suburban	10.7	---	---	---	---
Rural	27.3	---	---	---	---
Frontier	110.5	---	---	---	---

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
EL PASO	155,363	0.0	100.0	---
TELLER	4,757	0.0	100.0	---
PARK	1,423	0.0	100.0	---
DOUGLAS	946	0.0	100.0	---
PUEBLO	906	0.0	100.0	---
DENVER	764	0.0	100.0	---
ELBERT	637	0.0	100.0	---
FREMONT	437	0.0	100.0	---
ARAPAHOE	416	0.0	100.0	---
BOULDER	404	0.0	100.0	---