

Network Report

UPDATED: 4/24/18

RAE Name: Colorado Community Health Alliance Region # 7

Period Covered: Quarter 1 SFY 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 7 network is highly diverse in terms of network adequacy and access to care. In El Paso County, there are no gaps that exceed a 30 mile drive to a Primary Care Medical Provider (PCMP) for members. However, there continues to be a general lack of health care providers in Park and Teller counties, and Park County remains void of primary care providers. Additionally, many Park County members were geographically attributed to practices who were further away than their nearest primary care provider; for example, many members were attributed to a provider in El Paso County, rather than the nearest provider in Jefferson County.

Though disparities in Park and Teller counties have yet to be fully resolved, improvement efforts are underway. A summary of deficiencies identified in the Network Adequacy Plan, and the associated activities in which Colorado Community Health Alliance (CCHA) engaged during the reporting period to help address the existent disparities in Region 7 is below:

Efforts to Increase Access in Park and Teller Counties

Park County:

- CCHA contracted with Rocky Mountain Rural Health (RMRH) to provide assistance to Park County Members. This collaboration aims to leverage a trusted, local partner to help improve health literacy and health care access in Park County through outreach and partnership building efforts, including but not limited to the following activities:
 - Connection to a primary care provider
 - Connection to specialty, behavioral health, dental and vision providers
 - Connection to community resources to improve social determinants of health (transportation, housing, food assistance, etc.)
 - Highlight: RMRH assists members in obtaining reimbursement for transportation to and from medical appointments. Given the size of Park County, residents must travel an average of 100 miles round trip to access primary care. A one-year study conducted during ACC 1.0 found that 68% of members prefer reimbursement over actual transportation, so reimbursement assistance continues to be a focal point for reducing transportation barriers.
 - Education on Medicaid benefits and proper utilization
 - Development of an interdisciplinary team for case reviews as needed



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- Building relationships among service providers, community partners, and CCHA to enhance collaboration and engagement in healthcare/social determinant initiatives
- CCHA began contracting with Summit Community Care Clinic, a School Based Health Center located in Fairplay, CO. The clinic will provide integrated primary and behavioral health, family planning, and dental services for all Park County children, residents of Park County with school aged children, and school district employees and their families. CCHA expects the clinic will be active and contracted with CCHA during the next reporting period.
- The City of Fairplay has been working with HealthOne to open a primary care clinic in Fairplay, which is expected to open in March 2019. This effort is made possible due to the passing of a ballot measure a few years ago that allocated funds for resource development. CCHA is collaborating with the City and HealthOne to recruit this practice to the Region 7 provider network.

Teller County

- UCHealth has expressed their intent to contract with CCHA, which may include a clinic in Woodland Park that would provide additional access and provider options for members in Teller County.
- To further efforts in rural, underserved areas, and similar to the partnership with RMRH in Park County, CCHA contracted with Aspen Mine and Center (AMC), located in Cripple Creek. As a “community hub,” AMC offers a variety of resources and services such as food assistance, clothing, behavioral health, employment assistance, assistance for domestic violence and rape/sexual assault victims, resources for the aging population, etc. The partnership was developed to provide a platform for local care coordinators to optimize resources. Additionally, AMC will help improve health literacy and health care access through outreach and partnership building efforts, including but not limited to the following activities:
 - Connection to a primary care provider
 - Connection to specialty, behavioral health, dental and vision providers
 - Connection to community resources to improve social determinants of health (transportation, housing, food assistance, etc.)
 - Education on Medicaid benefits and proper utilization
 - Development of an interdisciplinary team for case reviews as needed
 - Building relationships among service providers, community partners, and CCHA to enhance collaboration and engagement in healthcare/social determinant initiatives
- CCHA has enhanced collaboration with the Teller Senior Coalition, which provides transportation for residents age 65 and older. During the reporting period, the Coalition was granted funding from the Department of Transportation to provide transportation to the county’s Medicaid Members, age 18 and older.

Network Development, Support and Improvement Activities

CCHA continued efforts to develop both the primary care and behavioral health network for the first quarter following RAE implementation. Activities related to building a robust provider network include



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recruitment and contracting as well as efforts to support the already-contracted network. Additionally, initial work began this quarter to engage the health neighborhood and community in partnering with the provider network to improve access to care. Below is a summary of notable activities during the reporting period.

Provider Recruitment and Contracting

- In the first quarter of the program, CCHA contracted four additional PCMP locations in Region 7.
- To onboard new providers, CCHA completed or scheduled new provider orientation with three practices new to the CCHA provider network. Additional provider orientations will be completed during the next reporting period.
- Understanding ACC 2.0 was implemented with significant changes impacting the provider network, CCHA opted to stabilize the providers' per member per month payments for the first quarter to help offset unanticipated financial burden to providers.

Network Support and Improvement

The majority of CCHA's efforts to support the physical health network in Region 7 were focused on attribution and payment.

- To address decreased attribution to pediatric practices due to case logic, CCHA began collaborating with other RAEs and the Department to facilitate panel and missing member analyses for these practices. Outcomes from these analyses will be noted in the next report.
- CCHA continues to work with practices to address decreased attribution resulting from the transition from a global billing ID to location-specific IDs. CCHA has found that practices are struggling to get existing members assigned to practices with which they have history due to a lack of claims history associated with the new IDs. This is an ongoing issue in which CCHA will continue to monitor as system utilization begins to demonstrate such provider-patient relationships.
- In total, CCHA assisted 16 provider entities (34 locations) with increasing or limiting enrollment capacity to help address attribution issues.
- As the Enrollment Broker and interChange systems are not synchronized with accurate information on practice enrollment capacity, CCHA continues to support providers by communicating updates and ensuring the Department remains informed on trending issues and feedback from the member and provider community.

Health Neighborhood & Community

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



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- CCHA hosted the Region 7 Regional Performance Improvement Advisory Committee on September 18, 2018, and was attended by 23 community partners and providers. Ongoing, this forum will provide CCHA an opportunity to share important updates with the provider network.
- CCHA hosted a Physical and Behavioral Provider Kickoff Meeting, attended by 95 providers and community partners, on September 20, 2018. The purpose of this meeting was to engage the provider network, inform of CCHA care coordination services, discuss Key Performance Indicators, and answer questions from providers. These meetings will be used to inform providers of relevant updates and garner feedback through group discussions.
- CCHA met with numerous community partners in El Paso County, including The Resource Exchange, Rocky Mountain Options for Long Term Care, HCP, Springs Recovery Connection, Pikes Peak United Way, Healthy Communities, and more. The purpose of these meeting are largely to provide introductions to CCHA staff, provide orientation on the RAE, and build relationships for ongoing collaboration.
- In Park County, CCHA participated in the Rural School Based Health Clinic Conference to foster connections with the school based health center staff in Region 7. Additionally, CCHA met with Park County Mental Health Alliance, Park County Public Health, and Park County Department of Human Services, in addition to many others. The purpose of these meetings are largely to provide introductions to CCHA staff, provide orientation on the RAE, and build relationships for ongoing collaboration.
- In Teller County, CCHA met with Community Partnership Family Resource Center to provide a RAE presentation to all staff. Additionally, CCHA met with Teller County DHS, and Teller Senior Coalition.

Monitoring Network Adequacy

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

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

Practice Accessibility

CCHA recognizes that practice accessibility is an important component of person-centered care. To monitor access for special populations and better evaluate accessibility among practices in the Region 7 network, CCHA began the following activities during this reporting period:

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- Evaluate how American with Disabilities Act (ADA) accessibility information is collected on the PCMP contracting application.
- Review how accessibility information is recorded and displayed in CCHA's online Find a Provider tool and subsequent linkage to Member Support Specialists who staff the Member call center.
- Assess how CCHA's Practice Transformation team is supporting the provider network with regard to ADA accessibility.
- Schedule future meetings with The Independence Center in Region 7 to gather subject matter expertise and guidance on this topic.

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

Appointment Availability

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

- 79.1% of PCMPs are accepting new Medicaid Members
- 100% of behavioral health providers are accepting new Medicaid Members
- 35.8% of PCMPs are offering after-hours appointment availability to Medicaid Members
- 100% of behavioral health providers are offering after-hours appointment availability to Medicaid Members

2. Behavioral Health

Addressing Network Deficiencies to Improve Access to Care

CCHA adopts an integrated approach to care, so most activities indicated in the physical health section are applicable to the behavioral health network as well. CCHA continues to expand the behavioral health network in Region 7 and statewide through an open network to ensure access to integrated primary and behavioral health care. Efforts to develop a robust behavioral health network are aimed to span all levels of care, including hospital systems with facility access, all Community Mental Health Centers (CMHCs), and Federal Qualified Health Centers across Colorado. CCHA will continue to be responsive to network needs and review all new provider contracting requests.

CCHA is addressing access deficiencies by creating an open behavioral health network and contracting behavioral health providers who meet credentialing standards. The previous Behavioral Health Organization's network was closed to new providers, so operating with an open network has garnered interest from behavioral health providers to join our network and offers the potential to significantly improve access to mental health services, particularly to members who reside in rural zip codes that exist in Region 7 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.



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

Park and Teller Counties

Park and Teller counties house the rural areas in Region 7. In addition to the CMHC, AspenPointe, Park County has 11 professional providers that offer Adult and Pediatric Mental Health Services. While there are currently no hospitals, psychiatric providers, psychiatric prescribers, or substance abuse providers in Park County, there are hospitals in all of the bordering counties except for one, and a Child Psychiatrist, Psychiatrist, and Psychiatric Prescriber in Teller County. Teller County has 22 providers that offer Adult Mental Health, Pediatric Mental Health, Child Psychiatrist, Psychiatrist, and Psychiatric Prescriber. For hospital services and substance abuse services, members seek care in surrounding counties.

- In an effort to identify each county's unique needs, CCHA has connected with trusted community leaders in Park County. CCHA understands there may be resistance among community members to work with a new and/or unknown entity. To address this sentiment, CCHA will continue to collaborate with this group to identify strategies to better support and improve the network in Park County. Together with this group, CCHA is exploring ideas to expand a network of local and trusted peers who might assist members in accessing care.
- CCHA is a member of the Mental Health Alliance committee in Park County and will coordinate a provider education event in Teller County to introduce the RAE and CCHA's role in the community.
- CCHA has met with the emergency responders in each county and is collaborating to identify individual providers who can be referrals for members.

Network Development, Support and Improvement Activities

- As of the end of the reporting period, CCHA completed contracts for 13 of the 17 CMHCs.
- In the first quarter of the program, CCHA hosted eight open mic sessions in Region 7. The open mic sessions served to onboard behavioral health providers during the transition period.
 - An "Open mic" session is a prearranged time allowing providers an opportunity to share questions/concerns and discuss resolution for outstanding issues. The open mics have proven to be successful for both CCHA and providers, as various barriers were identified, mitigated, and bi-directional communication and education was provided during these sessions. These sessions were well attended by providers who stated their appreciation of the openness and transparency of our process.
- CCHA is working with El Paso County Human Services to negotiate new rates for their Core Service Providers' contracts. These rates are expected to be adopted by the Core Service Providers in Teller and Park counties.
- CCHA is working with the only CMHC in Region 7, AspenPointe, to train on processes to align with upcoming performance measures.
- CCHA has performed chart reviews at AspenPointe and Peak View to ascertain improvements needed for certain programs at each organization. As a result there are weekly calls with each organization with CCHA clinical leadership.
- CCHA continues to dialogue with the IMD facilities to build processes that will work within the state guidelines.



COLORADO

Department of Health Care
Policy & Financing

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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) ¹	County	Provider Type ²	Number of Practitioners	New Provider	Left the Network	Accepting New Clients	Provides after-hours care ³	Single Case Agreement
				Please Check if applicable				
75	El Paso	All	416	4 sites	0	59 sites	27 sites	N/A
63	El Paso	Family Medicine	362	0	0	53 sites	26 sites	N/A
66	El Paso	Adult Primary Care	374	0	0	54 sites	27 sites	N/A
74	El Paso	Pediatric Primary Care	407	0	0	58 sites	26 sites	N/A
2	El Paso	OB/GYN	6	0	0	0 sites	0 sites	N/A
0	Park	All	0	0	0	0 sites	0 sites	N/A
6	Teller	All	22	0	0	5 sites	2 sites	N/A
6	Teller	Family Medicine	22	0	0	5 sites	2 sites	N/A
6	Teller	Adult Primary Care	22	0	0	5 sites	2 sites	N/A
6	Teller	Pediatric Primary Care	22	0	0	5 sites	2 sites	N/A
0	Teller	OB/GYN	0	0	0	0 sites	0 site	N/A

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

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

³ 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) ⁴	County ⁵	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians ⁶	New Provider	Left the Network	Accepting New Clients	Provides after-hours care	Single Case Agreement	Located in PCMP Practice ⁷
				Please Check if applicable					
238	El Paso	Adult Mental Health	423	78	0	423	423	0	19
91	El Paso	Pediatric Mental Health	185	30	0	185	185	0	18
10	El Paso	Substance Use Provider	9	7	0	9	9	0	0
26	El Paso	Psychiatrist	26	2	0	26	26	0	4
6	El Paso	Child Psychiatrist	3	0	0	3	3	0	1
30	El Paso	Psychiatric Prescriber	43	0	0	43	43	0	5
16	El Paso	Other	37	1	0	37	37	0	3
5	Park	Adult Mental Health	7	0	0	7	7	0	0
2	Park	Pediatric Mental Health	4	0	0	4	4	0	0

⁴ 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.

⁵ "Other" County includes all counties outside of Region 7.

⁶ In order for CCHA to report on the number of licensed behavioral health providers in accordance with the Behavioral Health Provider Type categories indicated in this report, CCHA created a manual cross-walk. CCHA continues to refine the methodology by which behavioral health provider specialties correlate to the specified provider types in this report. As such, provider counts in this report may not align to numbers indicated in the annual Network Adequacy Plan.

⁷ 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 7.

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BEHAVIORAL HEALTH continued									
Network Provider (Practice sites) ⁸	County	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians ⁹	New Provider	Left the Network	Accepting New Clients	Provides after-hours care	Single Case Agreement	Located in PCMP Practice ¹⁰
11	Teller	Adult Mental Health	13	0	0	13	13	0	2
6	Teller	Pediatric Mental Health	6	0	0	6	6	0	2
1	Teller	Psychiatrist	1	0	0	1	1	0	0
1	Teller	Child Psychiatrist	1	0	0	1	1	0	0
1	Teller	Psychiatric Prescriber	1	0	0	1	1	0	0
590	Other	Adult Mental Health	950	162	0	950	950	0	N/A
265	Other	Pediatric Mental Health	208	49	0	208	208	0	N/A
76	Other	Psychiatrist	33	0	0	33	33	0	N/A
2	Other	Child Psychiatrist	2	0	0	2	2	0	N/A
97	Other	Psychiatric Prescriber	64	5	0	5	5	0	N/A
35	Other	Substance Use Provider	20	7	0	20	20	0	N/A
50	Other	Other	19	2	0	19	19	1	N/A

⁸ 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.

⁹ In order for CCHA to report on the number of licensed behavioral health providers in accordance with the Behavioral Health Provider Type categories indicated in this report, CCHA created a manual cross-walk. CCHA continues to refine the methodology by which behavioral health provider specialties correlate to the specified provider types in this report. As such, provider counts in this report may not align to numbers indicated in the annual Network Adequacy Plan.

¹⁰ 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 7.



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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	Ratio for Adult Practitioner	Ratio for Pediatric Practitioner	Ratio for-Mid Level Adult Practitioner
El Paso	416	165,941	1:234	1:183	1:465
Park	0	2,384	0:1,552	0:832	0:2,384
Teller	22	5,158	1:141	1:97	1:346

BEHAVIORAL HEALTH					
County	The Number of Licensed Behavioral Health Practitioners and Clinicians	Number of Enrolled Members	Ratio for Adult Mental Health Practitioner	Ratio for Pediatric Mental Health Practitioner	Ratio for Substance Use Disorder Practitioner
El Paso	491	165,941	1:212	1:412	1:18,437
Park	7	2,384	1:222	1:208	0:2,384
Teller	14	5,158	1:240	1:341	0:5,158

