

Network Report

UPDATED: 4/24/18

RAE Name: Colorado Community Health Alliance Region # 7

Period Covered: Quarter 2 SFY 2018- 2019

Summary of changes for Q2 Network Report:

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

Please indicate below any areas within the region where the network does not meet the choice of 2 providers within contracted time and distance standards. Please describe:

- What actions have been taken to address network deficiencies,
- Whether any deficiencies were resolved during the past quarter and how, and
- What ongoing actions the RAE is implementing to address unresolved network deficiencies while supporting client access and mitigating problems.

1. Physical Health:

[Addressing Network Deficiencies to Improve Access to Care](#)

The Region 7 Provider 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. Though there is a general lack of health care providers in Park and Teller counties, progress is being made to improve access to care.

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 – PREVIOUS REPORT

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.



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- 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 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

- UCHHealth 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.

EFFORTS TO INCREASE ACCESS IN PARK AND TELLER COUNTIES – Q2 UPDATES

- During Q2, CCHA contracted with Summit Community Care Clinic in Park County. Though provider services in Park County remain limited, this clinic increases access to students and Park County residents who previously had no local options for accessing primary care.



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Network Development, Support and Improvement Activities

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

PROVIDER RECRUITMENT AND CONTRACTING – PREVIOUS REPORT

- In the first quarter of the program, CCHA contracted four additional PCMP locations in Region 7.
- To onboard new providers, CCHA completed or scheduled new provider orientations 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.

PROVIDER RECRUITMENT AND CONTRACTING – Q2 UPDATES

- CCHA completed five provider orientations in Region 7.
- In Region 7, one clinic left the network for the following reason:
 - Clinic consolidation: Mountain View Medical Group, LLC closed the Advantage Family Medicine location. Providers and members were moved to MVMG at Advantage (formerly Audobon).
- CCHA contracted the following new providers during the reporting period:
 - Scott Tushla, MD, LLC in El Paso County
 - Summit Community Care Clinic in Park County

NETWORK SUPPORT AND IMPROVEMENT – PREVIOUS REPORT

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



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NETWORK SUPPORT AND IMPROVEMENT – PREVIOUS REPORT

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

- With HCPF's assistance and drive to resolve remaining issues causing excessive enrollments and/or incorrect member assignment, CCHA identified providers with high priority issues, including excessively high/low enrollments, which resulted in the following activities toward resolution:
 - Panel analysis for 14 provider groups completed;
 - Missing member analysis for one provider group completed;
 - Panel analysis and call with HCPF and RAE(s) for 10 provider groups;
 - One provider group requested removal of geographic attribution due to exceeded enrollment limits; and
 - Two adult-only provider groups requested re-assignment of pediatric members.
- CCHA opted to delay implementing its tiered payment methodology during Q2, since the provider network was already receiving lower than normal payments, due to a defect in interchange, which caused major per member per month (PMPM) recoupments. CCHA's new payment methodology is anticipated to begin with the distribution of January 2019 PMPM payments.

Health Neighborhood & Community – Q2 Highlights

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

- CCHA hosted the Region 7 Regional Performance Improvement Advisory Committee on December 4, 2018, and was attended by 25 community partners and providers.
- CCHA began reviewing data relevant to schools, including school districts, number of schools, number of students enrolled in each school, and the number of children eligible for free and reduced lunch. CCHA's community liaisons are developing an outreach strategy informed by volume of students eligible for free and reduced lunch and the availability of local resources that can be leveraged. Over the next six months, CCHA plans to collect district health contacts, determine current health and wellness programs within each district, and determine how CCHA can best support each school. Following this phase of collecting and assessing information, CCHA will prioritize initiatives in alignment with the population health plan and efforts to improve performance measures.



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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 various level of support CCHA provides, such as member educational materials indicating where and when to access care.

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

PRACTICE ACCESSIBILITY – PREVIOUS REPORT

CCHA recognizes that practice accessibility is an important component of person-centered care. 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:

- Evaluate how American with Disabilities Act (ADA) accessibility information is collected on the PCMP contracting application.
- Review how accessibility information is recorded and displayed in CCHA's online Find a Provider tool and, additionally, how CCHA Member Support Specialists are enabled with accessibility details to help identify providers that are equipped to meet a member's specific needs.
- Assess how CCHA's Practice Transformation team is supporting the provider network with regard to ADA accessibility.
- Schedule future meetings with The Independence Center in Region 7 to gather subject matter expertise and guidance on this topic.

PRACTICE ACCESSIBILITY – Q2 UPDATES

- CCHA met jointly with the Center for People with Disabilities (CPWD) and The Independence Center (TIC) to discuss opportunities for collaboration and ways to improve care provided to members with disabilities across Regions 6 and 7. As for next steps, CCHA is planning training sessions, hosted by CPWD and TIC, to ensure CCHA's Member Services and Practice

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



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Transformation staff are trained on disability rights and disability etiquette. The regional training sessions will be held in Q3.

- The training description provided by CPWD is as follows:
The purpose of the 90-minute training will be to introduce the CCHA team to CPWD and the many services we provide. As part of this training, CPWD staff will introduce the IL philosophy, Disability Rights history, ADA basics, and basic Disability Etiquette that has its roots in IL philosophy and Disabilities Rights. CCHA staff will come away with a clear understanding of CPWD, Centers for Independent Living (CILs), appropriate language, greater awareness of Disability Rights and Disability Etiquette, and a framework for Disability Etiquette workshops that can be offered to medical providers.

APPOINTMENT AVAILABILITY – PREVIOUS REPORT

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

APPOINTMENT AVAILABILITY – Q2 UPDATES²

- 79.7% of PCMPs are accepting new Medicaid Members
- 99.9% of behavioral health providers are accepting new Medicaid Members
- 38.0% of PCMPs are offering after-hours appointment availability to Medicaid Members
- 38.5% 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.

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



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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.

ADDRESSING NETWORK DEFICIENCIES TO IMPROVE ACCESS TO CARE – PREVIOUS REPORT

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 community'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.

ADDRESSING NETWORK DEFICIENCIES TO IMPROVE ACCESS TO CARE – Q2 UPDATES

- CCHA is currently evaluating opportunities to support the expansion of existing telehealth programs within the CMHCs and hospitals, including how to educate providers on the benefits integrating telehealth into their practices.
- Efforts to improve access to SUD services in Park County are as follows:
 - CCHA is working with AspenPointe to enhance their addiction counselors' office hours.
 - Targeted outreach to a local, independent Substance Abuse therapist to join the network.
- CCHA continues to monitor psychiatrist and psychiatric prescriber deficiencies that exist in Park County. CCHA is working with AspenPointe to expand access for adult and pediatric members.
- Park County is lacking of a hospital; however, CCHA is contracted with hospitals in surrounding Jefferson and Summit counties that serve Park County members.



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NETWORK DEVELOPMENT, SUPPORT, AND IMPROVEMENT ACTIVITIES – PREVIOUS REPORT

- As of the end of the reporting period, CCHA completed contracts for 13 of the 17 CMHCs.
- In the first quarter of the program, CCHA hosted 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.

NETWORK DEVELOPMENT, SUPPORT, AND IMPROVEMENT ACTIVITIES – Q2 UPDATES

- CCHA is contracted with UCHHealth hospitals in Region 7, including:
 - Memorial Health System – El Paso
 - Pikes Peak Regional Hospital in Teller County
- CCHA finalized contracts with three additional CMHCs and is now contracted with 16 of 17 CMHCs statewide.
- During the second quarter, CCHA was dedicated to more proactive provider communication and working through behavioral health credentialing and contracting issues. An update on these efforts is as follows:
 - CCHA reviewed the credentialing files weekly to prioritize the workflow, starting with providers who have reached or are near reaching 100 days in workflow. Network managers reached out to providers to discuss delays in credentialing and actions required to complete the process. CCHA currently has five providers that are over 100 days in the credentialing process.
 - CCHA also worked through contracting challenges in the second quarter. Following an influx of contracts in the first quarter, CCHA took steps to address the backlog of executed contracts that were not yet loaded in the system to accurately indicate providers’ contracted status. This work is reflected in this reports’ behavioral health provider tables, which accounts for the fluctuation in provider numbers and appointment access indicators from Q1 to Q2. As such, the Q2 report more accurately represents the behavioral health provider network.



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- Below is the current status of the contracting queue for Region 7:
 - Contracts distributed: 7
 - Contracts signed and returned for processing: 15
 - Contracts requested and pending distribution: 21
- CCHA addressed the issue of claims denials due to NCCI edits. The NCCI edits have been removed from the claims system, and claims that were previously denied are currently being reprocessed.
- CCHA opted to waive the timely filing and authorization requirements through the end of March 2019. This was communicated to behavioral health providers in the open mic sessions and email bulletins. Claims previously denied for timely filing and authorization requirements are being reprocessed.



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1. Please complete the tables for all of the providers in your network.

NOTE: For the Physical Health Provider Type, please enter either: Adult Primary Care, Family Medicine, Pediatric Primary Care, OB/GYN, CMHC, or Other.

PHYSICAL HEALTH								
Network Provider (Practice sites) ³	County	Provider Type ⁴	Number of Practitioners	New Provider	Left the Network	Accepting New Clients	Provides after-hours care ⁵	Single Case Agreement
				Please Check if applicable				
73	El Paso	All	403	1 site	1 site	58 sites	28 sites	N/A
73	El Paso	Family Medicine	376	-	-	55 sites	27 sites	N/A
66	El Paso	Adult Primary Care	354	-	-	55 sites	27 sites	N/A
72	El Paso	Pediatric Primary Care	378	-	-	58sites	28 sites	N/A
1	El Paso	OB/GYN	3	-	-	0 sites	0 sites	N/A
1	Park	All	3	1 site	-	1 site	0 sites	N/A
1	Park	Family Medicine	3	-	-	1 site	0 sites	N/A
1	Park	Adult Primary Care	2	-	-	1 site	0 sites	N/A
1	Park	Pediatric Primary Care	2	-	-	1 site	0 sites	N/A
0	Park	OB/GYN	0	-	-	0 sites	0 sites	N/A
5	Teller	All	19	-	-	4 sites	2 sites	N/A
5	Teller	Family Medicine	19	-	-	4 sites	2 sites	N/A
5	Teller	Adult Primary Care	18	-	-	4 sites	2 sites	N/A
5	Teller	Pediatric Primary Care	18	-	-	4 sites	2 sites	N/A
0	Teller	OB/GYN	0	-	-	0 sites	0 site	N/A

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

⁴ Totals for each provider type are not necessarily unique. For example, a single rendering provider is included in both the adult and pediatric practitioner totals if services are open to both demographics. Additionally, primary care provider information is inclusive of both voluntary and contractually required information. As such, the following information is likely underreported: providers' secondary and tertiary specialty types, particularly for OB/GYN specialists; the number of individual providers accepting new Medicaid members, as this is primarily managed at the practice level.

⁵ 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) ⁶	County ⁷	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians ⁸	New Provider	Left the Network	Accepting New Clients	Provides after- hours care	Single Case Agreement	Located in PCMP Practice ⁹
				Please Check if applicable					
3	El Paso	Acute Care Hospitals	3	1	0	3	3	0	0
247	El Paso	Adult Mental Health	452	18	0	452	169	0	35
6	El Paso	Child Psychiatrist	3	0	0	3	0	0	0
247	El Paso	Pediatric Mental Health	451	18	0	451	169	0	35
25	El Paso	Psychiatric Prescriber	43	0	0	43	9	0	3
20	El Paso	Psychiatrist/Physician	25	0	0	25	5	0	2
12	El Paso	Substance Use Disorder	9	4	0	9	4	0	0
16	El Paso	Other	35	1	0	35	1	0	2
6	Park	Adult Mental Health	8	0	0	8	3	0	0
6	Park	Pediatric Mental Health	8	0	0	8	3	0	0

⁶ 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.

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

⁸ In order for CCHA to report on the number of licensed behavioral health providers in accordance with the Behavioral Health Provider Type categories indicated in this report, CCHA created a manual cross-walk. CCHA continues to refine the methodology by which behavioral health provider specialties correlate to the specified provider types in this report. Additionally, this report contains Behavioral Health providers contracted in Q1 that were not loaded in the data warehouse until Q2. As such, provider counts in this report may not align to numbers indicated in the previous Network Report.

⁹ 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. This is not necessarily an indication that the behavioral health provider is integrated in the PCMP practice. Since PCMP sites and behavioral health practices can operate as separate entities at a single physical location, the number of behavioral health clinicians located in a PCMP practice is not representative of integrated physical/behavioral health providers.



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BEHAVIORAL HEALTH continued									
Network Provider (Practice sites) ¹⁰	County	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians ¹¹	New Provider	Left the Network	Accepting New Clients	Provides after- hours care	Single Case Agreement	Located in PCMP Practice ¹²
				Please Check if applicable					
12	Teller	Adult Mental Health	14	0	0	14	7	0	3
1	Teller	Child Psychiatrist	1	0	0	1	0	0	0
12	Teller	Pediatric Mental Health	14	0	0	14	7	0	3
1	Teller	Psychiatric Prescriber	1	0	0	1	0	0	0
1	Teller	Psychiatrist/Physician	1	0	0	1	0	0	0
4	Other	Acute Care Hospitals	4	3	0	4	4	0	0
619	Other	Adult Mental Health	1,256	100	0	1,255	491	0	0
618	Other	Pediatric Mental Health	1,145	101	0	1,144	491	0	0
50	Other	Psychiatric Prescriber	77	4	0	76	13	0	0
28	Other	Psychiatrist/Physician	45	3	0	45	5	0	0
45	Other	Substance Use Disorder	23	5	0	23	9	0	0
28	Other	Other	29	9	0	29	12	0	0

¹⁰ 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.

¹¹ In order for CCHA to report on the number of licensed behavioral health providers in accordance with the Behavioral Health Provider Type categories indicated in this report, CCHA created a manual cross-walk. CCHA continues to refine the methodology by which behavioral health provider specialties correlate to the specified provider types in this report. Additionally, this report contains Behavioral Health providers contracted in Q1 that were not loaded in the data warehouse until Q2. As such, provider counts in this report may not align to numbers indicated in the previous Network Report

¹² 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. 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 ¹³	Ratio for Adult Practitioner	Ratio for Pediatric Practitioner	Ratio for-Mid Level Adult Practitioner
El Paso	403	176,516	354:98,309	126:26,069	87:176,516
Park	3	2,284	2:1,525	2:759	3:2,284
Teller	19	5,643	9:1,738	118:2,167	1:1,881

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	523	176,516	452:98,309	451:78,207	9:176,516
Park	8	2,284	8:1,525	8:759	0:2,284
Teller	15	5,643	7:1,738	14:2,167	0:5,643

¹³ Source of enrollment numbers: 834 file. Date: January 15, 2019.