

Network Report

UPDATED: 4/24/18

RAE Name: Colorado Community Health Alliance Region # 7

Period Covered: Quarter 3 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 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

- 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.

EFFORTS TO INCREASE ACCESS IN PARK AND TELLER COUNTIES – Q3 UPDATES

El Paso County

- Peak Vista opened a new clinic, Health Center at Jet Wing, in the 80916 zip code. This zip code in El Paso County has historically been known as a health care desert due to its lack of providers.
- At the time of this report's submission, CCHA will have executed 15 new contracts with UHealth, adding fourteen additional PCMP locations in El Paso County, four of which are specialized to provide OB/GYN services.

Park County

- CCHA's work with Rocky Mountain Rural Health (RMRH) to provide care coordination assistance to Park County members is ongoing.
- CCHA and RMRH are working to identify the top specialty care needs in Park County to help inform Health Neighborhood efforts. Since Park County is close in proximity RAE Regions 1 and 4, members are frequently referred outside of Region 7 for their specialty care needs. As specialty care needs are identified and prioritized, CCHA will report on targeted efforts to increase Park County residents' access to such services.



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- CCHA continues to support the Summit Community Care Clinic a SBHC in Fairplay. The clinic is providing primary care and behavioral health services to all school district students, district staff, and their families as follows:
 - Primary care services are offered two days per week; and
 - Dental hygiene services are offered once per week; and
 - Behavioral health services are available Monday through Friday during the school year and twice per week in the summer.
- The HealthONE clinic under construction in Fairplay experienced a setback, as the provider decided not to proceed with an agreement. The clinic is still under construction and plans are moving forward with the facility to be completed in Q4. HealthONE reposted the position, and leaders in Park County are continuing to interview potential candidates. CCHA featured the clinic during the March PIAC meeting to help get the word out regarding the open provider position. To help ensure the clinic is able to open once construction is complete, HealthONE is also considering options to employ an advance practice provider at the onset while the search for a physician continues.

Teller County

- CCHA's work with Aspen Mine Center (AMC) to provide assistance to Teller County Members is ongoing.
- CCHA and AMC are working to identify the top specialty care needs in Teller County to help inform Health Neighborhood efforts.
- CCHA focused outreach efforts to providers in the Teller County area following news that Woodland Park Family Practice had unexpectedly closed its doors without notice on January 1. Efforts resulted in the following access options for displaced members:
 - CHPG Penrose Mountain Primary and Urgent Care clinic joined the Region 7 network and opened their Medicaid panels.
 - Dr. Harris agreed to accept additional Medicaid members.
 - Some providers, though not actively seeking to expand Medicaid panels, agreed to see members who reach out to them for care.
- At the time of this report's submission, CCHA will have executed 15 new contracts with UHealth, adding one additional PCMP location in Teller County.



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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

- 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

PROVIDER RECRUITMENT AND CONTRACTING – Q3 UPDATES

- Two clinics left the Region 7 network for the following reasons:
 - Clinic closures:
 - Woodland Park Family Medicine, LLC
 - Practice acquisition:
 - Value Care Health Clinic was acquired by Matthews-Vu Medical Group
- CCHA executed seven new contracts across two counties in Region 7, including:
 - El Paso County:
 - Matthews-Vu Medical Group, Rockrimmon
 - Matthews-Vu Medical Group, Southeast
 - Peak Vista Community Health Centers – Health Center at Jet Wing
 - Peak Vista Community Health Centers – Developmental Disabilities Health Center
 - Peak Vista Community Health Centers – Entrada School Based Health Center
 - Peak Vista Community Health Centers – Falcon School Based Health Center
 - Teller County:
 - CHPG Penrose Mountain Primary and Urgent Care

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;



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- 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.

NETWORK SUPPORT AND IMPROVEMENT – Q3 UPDATES

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

Health Neighborhood & Community – Q3 Highlights

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

- CCHA recently hosted region-specific town hall meetings for both physical and behavioral health providers. As part of the agenda, David Ervin of The Resource Exchange (Community Centered Board) delivered “Cultural Competence in Healthcare: Patients with Intellectual & Developmental Disabilities” training to all attendees, which also offered an opportunity for providers to receive continuing medical education credits. The Region 7 meeting had over 75 providers in attendance. To date, CCHA has had over 300 providers attend town hall meetings across Regions 6 and 7.

Monitoring Network Adequacy

In addition to time and distance standards, member access to care is monitored and tracked through providers' timeliness of care, after-hours availability, and accessibility. CCHA's practice support efforts help ensure providers can accommodate appointments for more urgent or acute care needs using the 3rd Next Available Appointment¹ methodology. In higher-volume practices, same-day and acute care is

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

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often provided by dedicated mid-level practitioners staffed within the practice. Additionally, many of the CCHA-contracted practices offer both weekend and evening hours, extending to 7pm and weekends. To educate providers on these standards, CCHA hosts an orientation for newly contracted providers. This orientation also serves as a forum to educate providers on various level of support CCHA provides, such as member educational materials indicating where and when to access care.

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

PRACTICE ACCESSIBILITY – PREVIOUS REPORT

CCHA recognizes that practice accessibility is an important component of person-centered care. As such, CCHA continued activities to monitor access for special populations and better evaluate accessibility among practices in the Region 7 network, which included the following activities:

- 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 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.

PRACTICE ACCESSIBILITY – Q3 UPDATES

- In January 2019, CPWD hosted CCHA practice transformation and member support staff for an ADA training and collaboration meeting. A second training will be held for CCHA staff, *Creating Disability-Friendly Healthcare*, in April 2019 at The Independence Center.

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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- CCHA started the process of updating information regarding existing providers' accommodations. The initial work included a listing of network providers with hi-low exam tables, wheelchair scales, and Hoyer type lifts. That list was shared with our member support team to better assist members who use this equipment locate a provider.
- In an effort to better assess the ADA accessibility of contracted practices, CCHA has been revising the physical and behavioral health practice applications. Revisions to the applications will help inform CCHA of providers' specific accommodations that enhance accessibility at each practice location, including:
 - Near mass transit
 - High-low exam table
 - Wheelchair ramps
 - Accessible parking
 - Wheelchair scale
 - Hoyer-type lift
 - Listening loops
 - Automatic door
 - Written policy on chemical/scent free
 - Written policy on service dogs
 - Low-vision aids/braille signs
 - ADA compliant bathroom
 - Other: (open text-field for providers to report any additional accommodations)
- In response to a request for assistance from The Independence Center, CCHA is participating in a workgroup to improve processes for obtaining signed orders from PCMPs for Long Term Services and Supports. The workgroup has representation from local home health providers, The Independence Center, and CCHA's practice transformation coaches, provider relations team, and community liaison.
- In addition to providing cultural competency training to providers during the March 2019 town hall meeting, providers have access to CCHA's [Caring for Diverse Populations toolkit](#) from the Provider Resources & Training page on the CCHA website. The toolkit offers physician and health care professional's resources for delivering effective and compassionate care.

APPOINTMENT AVAILABILITY – PREVIOUS REPORT²

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

- 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

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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- 38.5% of behavioral health providers are offering after-hours appointment availability to Medicaid Members

APPOINTMENT AVAILABILITY – Q3 UPDATES

- 82.1% of PCMPs are accepting new Medicaid Members
- 99.9% of behavioral health providers are accepting new Medicaid Members
- 39.3% of PCMPs are offering after-hours appointment availability to Medicaid Members
- 35.9% 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.

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.

- 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.



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- 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.

ADDRESSING NETWORK DEFICIENCIES TO IMPROVE ACCESS TO CARE – Q3 UPDATES

- CCHA identified and attempted contact with four practitioners in Park County who offer services for substance abuse and/or addiction issues. Although recruitment efforts did not result in additional access to SUD services in Park County, as summarized below, CCHA plans to pursue contact with these independent providers to improve access:
 - One practitioner indicated focus on patients with commercial coverage at this time. However, the practitioner may expand practice and will re-consider contracting with Medicaid/CCHA at that time.
 - Two practitioners have been unresponsive to outreach. CCHA will continue to follow up and pursue contracts with these providers.
 - One practitioner has a contract with CCHA, but the service listing does not indicate addiction issues. CCHA is following up with this provider to understand and reconcile the practitioner's service listing with that of the Park County resource list.

NETWORK DEVELOPMENT, SUPPORT, AND IMPROVEMENT ACTIVITIES – PREVIOUS REPORT

- CCHA is contracted with UHealth 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.

NETWORK DEVELOPMENT, SUPPORT, AND IMPROVEMENT ACTIVITIES – Q3 UPDATES

- CCHA continues to work with the IMD facilities to develop a payment solution that is both configurable in the system and compliant with State guidelines. The rates are being negotiated with the IMD facilities and an update will be provided to HCPF by 4/30/19.
- CCHA has one outstanding CMHC not yet contracted with Midwestern MHC. Midwestern MHC has indicated they will reach out when they are ready to move forward on contracting with CCHA.
- During the third quarter, CCHA continued efforts to proactively communicate with providers and work through behavioral health credentialing and contracting issues. An update on these efforts is as follows:
 - CCHA continues to monitor the credentialing process, and the average number of days in workflow currently has a turnaround time of 26 days.
 - Providers added to the Region 7 network during the third quarter:
 - El Paso County:
 - 25 adult mental health providers
 - 24 pediatric mental health providers
 - 3 psychiatric prescribers
 - 2 psychiatrist/physicians
 - Other counties (outside of Region 7):
 - 3 acute care hospitals
 - 207 adult mental health providers
 - 1 child psychiatrist
 - 207 pediatric mental health providers
 - 18 psychiatric prescribers
 - 15 psychiatrist/physicians
 - 43 other providers, not categorized as an adult mental health provider, pediatric mental health provider, substance use provider, psychiatrist, child psychiatrist, or psychiatric prescriber



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- Below is the current status of the contracting queue for Region 7:
 - Contracts distributed: 6
 - Contracts signed and returned for processing: 19
 - Contracts requested and pending distribution: 5



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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				
77	El Paso	All	416	6 sites	1 site	63 sites	30 sites	N/A
72	El Paso	Family Medicine	379	-	-	56 sites	28 sites	N/A
66	El Paso	Adult Primary Care	357	-	-	57 sites	29 sites	N/A
75	El Paso	Pediatric Primary Care	383	-	-	62 sites	29 sites	N/A
1	El Paso	OB/GYN	3	-	-	0 sites	0 sites	N/A
1	Park	All	3	-	-	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
6	Teller	All	16	1 site	1 site	5 sites	3 sites	N/A
6	Teller	Family Medicine	16	-	-	5 sites	3 sites	N/A
6	Teller	Adult Primary Care	14	-	-	5 sites	3 sites	N/A
6	Teller	Pediatric Primary Care	14	-	-	5 sites	3 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	0	0	3	3	0	0
272	EL PASO	Adult Mental Health	473	25	3	472	183	0	35
6	EL PASO	Child Psychiatrist	3	0	0	3	0	0	0
272	EL PASO	Pediatric Mental Health	472	24	3	471	182	0	35
26	EL PASO	Psychiatric Prescriber	46	3	0	46	9	0	3
21	EL PASO	Psychiatrist/Physician	27	2	0	27	5	0	2
12	EL PASO	Substance Use Disorder	9	0	0	9	4	0	0
19	EL PASO	Other	40	0	0	40	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 crosswalk. CCHA continues to refine the methodology by which behavioral health provider specialties correlate to the specified provider types in this 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
9	Other	Acute Care Hospitals	7	3	0	7	6	0	0
703	Other	Adult Mental Health	1,468	207	0	1,334	517	0	0
1	Other	Child Psychiatrist	1	1	0	0	0	0	0
702	Other	Pediatric Mental Health	1,361	207	0	1,227	517	0	0
61	Other	Psychiatric Prescriber	94	18	0	79	13	0	0
39	Other	Psychiatrist/Physician	59	15	0	46	5	0	0
49	Other	Substance Use Disorder	24	0	0	24	11	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 crosswalk. CCHA continues to refine the methodology by which behavioral health provider specialties correlate to the specified provider types in this 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	416	169,012	51:13,249	383:76,269	3:5,452
Park	3	2,175	2:1,425	1:375	1:725
Teller	16	5,446	7:1,689	7:1,034	1:5,446

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	552	169,012	473:92,743	472:76,269	9:169,012
Park	8	2,175	8:1,425	4:375	0:2,175
Teller	15	5,446	7:1,689	7:1,034	0:5,446

¹³ Source of enrollment numbers: 834 file. The number includes the unique members who were enrolled during the reporting period.

