Annual Network Management Strategic Plan
Instructions and Narrative Report

RAE Name	Rocky Mountain Health Plans
RAE Region #	Region 1 and PRIME
Reporting Period	[SFY 23-24, 07/01/2023 – 06/30/2024]
Date Submitted	August 1, 2023
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Purpose: Regional Accountable Entities (RAEs) are responsible for managing and improving the health of their respective members. As part of that responsibility, RAEs are required: to develop, support and engage their provider networks and the broader health neighborhoods in these efforts; and to reward them financially respective to their efforts to improve member health outcomes and to increase value in their respective regions. This plan outlines each RAE's strategic approaches to accomplish these tasks and to meet the goals of ACC Phase II during the upcoming contract year.

Instructions: Please provide a narrative that outlines your strategic approach to leverage your regional resources to maximize the care delivery system and community to reduce costs and improve member health outcomes and the experience of care of members. Address how your strategic approach has or has not evolved since the previous year's submission with evidence to support these changes. The narrative must describe the RAE's planned strategies, including process and outcome goals, relative to: PCMP and behavioral health provider network development; practice support, transformation, and communication; health neighborhood and community engagement; and administrative payments and incentives.

1) **PCMP and behavioral health provider network** – Please describe your region's plan to develop your PCMP and behavioral health provider networks. Please be sure to address that which is required in the Network Adequacy Plan Deliverable Guidance.

2) **Practice support and transformation** - Please describe the types of information and administrative, data & technology support (including plans to promote the use of telehealth solutions and the Dept's eConsult platform [once adopted], trainings, and practice transformation, to advance the Whole-Person Framework and to implement the Population Management Strategy, that your region plans to provide network providers.

3) **Communication** – Please describe your region's plan to maintain necessary, both proactive and responsive, communication with network providers and other health neighborhood partners (and other oversight entities) as dictated by section 3.9.2

contract, as well as promoting communication among network providers. Please be sure to address communication with behavioral health providers, including rate changes and internal processes for responding to provider questions and complaints. *(Specific member-level grievances are captured in the Grievances and Appeals deliverable)*.

4) **Health neighborhood and community** - Please describe your region's plan to engage, support (including financial), leverage, and advance the health neighborhood and community to ensure members timely and appropriate access to necessary services. Please be sure to address your plans to establish relationships and improve processes, communication, and collaboration with the health neighborhood and community including coordinating with crisis services, MSOs, etc. Also and increase appropriate and efficient utilization of specialty care.

5) **Administrative payments and incentives** - Please describe your region's plan to distribute administrative payments and incentive payments. Be sure to provide descriptions of your arrangements for PMPM Administrative Payments, Key Performance Indicator (KPI) and/or Performance Pool incentive payments to contracted PCMPs and Health Neighborhood entities. These arrangements should involve varying payment models and payment amounts for varying types of service. Please include your approach to pay and monitor performance of entities that provide care management for members with complex care needs. *(Include any larger documents or policies as attachments.)*

Strategic Plan Narrative

1. PCMP and Behavioral Health Provider Network Development

Provider Network Maintenance and Monitoring

Rocky Mountain Health Plans (RMHP) has a network that is supported by written agreements and is sufficient to meet the requirements for every Member's access to care to:

- Serve all primary care and care coordination needs;
- Serve all behavioral health needs; and
- Allow for adequate Member freedom of choice among providers.

In establishing and maintaining our network of providers, RMHP provides care within a reasonable travel time and distance to Members. To achieve this, in the RMHP Regional Accountable Entity (RAE), PRIME, and Child Health Plan Plus (CHP+) service areas, RMHP's credentialing and contracting policies are established to include all available acute care hospitals, Primary Care Medical Providers (PCMPs), behavioral health providers, specialists and sub-specialists qualified to meet RMHP's quality standards, and licensure standards established by the State of Colorado. RMHP evaluates caseloads for providers to ensure they are reasonable and do not compromise quality. In addition to meeting member to provider ratios, the RMHP Practice Transformation Team works continuously with providers to improve the provider and Member experience at the point of care.

In many communities, and particularly in rural areas, RMHP's philosophy is to contract with all available PCMPs, pharmacies, Essential Community Providers (ECPs), behavioral health providers and hospitals that meet RMHP's credentialing and quality standards. This inclusive concept creates an increase in provider participation, particularly in rural and frontier areas, resulting in a network that maximizes accessibility, Member choice and a comprehensive range of services. When feasible, contracts are negotiated with ancillary providers with multiple statewide locations to ensure coverage to all service areas.

RMHP provides access to care for all Members in need of medically necessary covered mental health and substance use disorder (SUD) services in accordance with 10 CCR 2505-10 8.076.1.8. RMHP maintains and monitors an inclusive and diverse statewide behavioral health provider network that is sufficient to provide adequate access to all covered behavioral health services for all Members, including Members across all ages, levels of ability, gender, and cultural identities, including those with limited English proficiency. RMHP operates flexibly to customize the provider network based on recommendations from Members, other providers, and stakeholders.

Our behavioral health network strategy is designed to support essential Community Mental Health Centers (CMHCs), and high-quality independent providers who deliver specialized services, such as peer programs, safe space and affirming care models for LGTBQIA+ members, SUD recovery programs and other acute modalities of care. We have integrated and bolstered our commitments to expanding capacity for high-intensity, evidence-based programs by aligning and integrating contracts from the Colorado Behavioral Health Administration (BHA), such as the recently awarded Managed Service Organizations (MSO) agreement for SUD treatment services, which took effect on January 1, 2023. We also utilize our role as Administrative Service Organization (ASO) for crisis and other high intensity wrap around services to maximize program impact. RMHP also continues to expand network capacity to manage the statewide inpatient and residential SUD treatment benefit. This helps promote Member choice, accommodate Members seeking care in other regions and address gaps in treatment services. RMHP continues to observe significant use of telehealth for behavioral health services. While utilization of telehealth services for behavioral health has decreased with the end of the Public Health Emergency, telehealth services still represent 29.8% of all behavioral health encounters in the most recent quarter.

In SFY24, RMHP will continue with our value-based network consisting of Core, Preferred and Extended Network pricing for the behavioral health provider network. These networks prioritize financial resources for providers serving Members with the highest needs, while maintaining a broad network of providers that can serve Region 1 Members. The table below summarizes each of these networks.

	Core	Preferred	Extended
Inclusion Criteria	Practice is primarily located within Region 1 and is a Colorado based organization	Providers that serve our communities' most vulnerable populations (such as people of color, non-English speaking Members, and those living in under-served counties)	Providers outside of Region 1 and national organizations
% of Practices	61%	14%	26%
% of Services	52%	26%	21%
% of Medicaid*	115%	131%	94%

PHD/PSYD are compared to 100% of max allowable and mid-level providers are compared to 85% of max allowable on state fee schedules.

Ensuring Accurate Provider Information Is Available to Members

Beginning in July 2023, all providers receive quarterly outreach from RMHP, requesting they review and affirm the accuracy and completeness of directory and office information, through an online process. RMHP adds survey elements to the demographic data collection tool as needs or opportunities arise. This process encompasses all professional practice types and specialties, including primary care, behavioral health, and specialist providers.

Making Accurate and Timely Provider Information Available to Members

During the onboarding process, RMHP provides new Members with information about how to access the most up-to-date directory of network providers. The provider directory is available on RMHP's website, at uhccommunityplan.com/colorado-medicaid-plans. RMHP updates the online provider search tool each week, so that Members can accurately filter by geography and other attributes in each provider's demographic profile. Members can also download PDF versions of the directories from uhccommunityplan.com/co (choose applicable plan and click on "Find a Doctor") or request a printed copy by contacting RMHP Member Services. The directories are also available to providers to help Members find in-network specialty and behavioral health care.

RMHP's directories include the following information:

- Name, address, telephone, and website
- Ability to provide physical access, reasonable accommodations, and accessible equipment
- Capacity to accept new Medicaid and CHP+ Members
- Cultural and language expertise - including American Sign Language (ASL)

RMHP has been collecting provider hours of operation data through the provider attributes survey process and is developing a database to populate this information in both the print and online provider directories.

Calculating and Monitoring Access to Care Metrics

RMHP uses Quest Analytics software to calculate time/distance results, ratios, timeliness standards and other access to care metrics, including the geographic location of providers in relationship to where RAE, PRIME, and CHP+ Members live. See Appendix B and C for Network Provider counts, time/distance results, ratios, timeliness standards and other access to care metrics including the geographic location of providers in relationship to where RAE and PRIME Members live.

Target Provider to Member Ratios

RMHP's cross-departmental Network Advisory Council (NAC) reviews the provider network for sufficient numbers and types of practitioners who offer primary care, behavioral health care, and specialty care to meet the needs of Members. The NAC also confirms that RMHP has mechanisms in place for Members to access primary care, behavioral health care and specialty care.

- **Adult primary care providers:** One practitioner per 1,800 adult Members
- **Mid-level adult primary care providers:** One practitioner per 1,200 adult Members
- **Pediatric primary care providers:** One practitioner per 1,800 pediatric Members
- **Adult mental health providers:** One practitioner per 1,800 adult Members
- **Pediatric mental health providers:** One practitioner per 1,800 pediatric Members
- **SUD providers:** One practitioner per 1,800 Members
- **Physician specialist:** One physician specialist per 1,800 Members (Includes Physicians designated to practice Cardiology, Otolaryngology/ENT, Endocrinology, Gastroenterology, Neurology, Orthopedics, Pulmonary Medicine, General Surgery, Ophthalmology and Urology)

RMHP maintains criteria regarding access to care by appropriate providers. The following are geographic and temporal goals used to evaluate access to care.

PCMP Network Time and Distance Standards

Required Providers	Urban		Rural		Frontier	
	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)
Adult Primary Care Providers	30	30	45	45	60	60
Pediatric Primary Care Providers	30	30	45	45	60	60
Gynecology, OB/GYN	30	30	45	45	60	60

Additional Network Time and Distance Standards

Required Providers	Urban		Rural		Frontier	
	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)
Adult Specialists	30	30	60	60	100	100
Pediatric Specialists	30	30	60	60	100	100
Hospitals (Acute Care)	20	20	30	30	60	60
Pharmacy	10	10	30	30	60	60

RMHP's goal is to provide access to services to the extent such services are available based on location, number and types of providers, cost, and suitability of care, RMHP's credentialing requirements, and considering usual travel patterns within the community. Our deep community connections allow us to honor established patterns of care as opposed to simply relying on mileage and ratios. Each goal, criteria and ratio described herein is only a goal and not a binding standard.

Member Appointment Availability Surveys

RMHP has historically observed a low response rate to Member Appointment Availability surveys. The process included sending surveys each quarter to a sample of RMHP membership. Earlier this year, RMHP engaged a vendor, Cotiviti, to complete monthly Interactive Voice Response (IVR) surveys with the entire RMHP membership. The Cotiviti process involves surveying all Members who received care during a specific timeframe, rather than relying on a sample group. A higher response rate is anticipated because of this change in the survey process.

The survey is available in English and Spanish and all Cotiviti translation services are provided by full-time Cotiviti employees and are certified with the following credentials: Advance Practice Translation, Certification in Medical Interpreting, Master's level education in related fields and Fluency in both Spanish and English language. RMHP is collecting the Members' current email to improve overall communication and provide a $10 digital gift card incentive for survey completion. The IVR survey will replace the previous process for QI and Q2 SFY23. The new monthly surveys will begin August 2023. We look forward to sharing the improved results with the Department as soon as they become available.

Appointment Availability

The following table provides additional availability criteria for appointment and wait times. RMHP monitors these goals through interdepartmental activities which are reviewed and evaluated by the NAC.

Service Type*	Time Frame – CHP+	Time Frame – PRIME	Time Frame – RAE
Emergency Care	Immediate access 24 hours a day, 7 days a week	Immediate access 24 hours a day, 7 days a week	N/A
Urgent Care	Within 24 hours	Within 24 hours	N/A
Outpatient Follow-up Appointment	Within 7 days after discharge from hospitalization	Within 7 days after discharge from hospitalization	N/A
Non-Urgent Symptomatic Care Appointment	Within 30 days after request	Within 7 days after request	N/A
Non-Symptomatic Routine and Preventive Well-Care Appointment	Within 7 days of request	Within 7 days of request	N/A
Members may not be placed on a waiting list for initial routine service requests			

Required Providers	Urban		Rural		Frontier	
	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)
Hospitals (Acute Care)	20	20	30	30	60	60
Adult psychiatry and other psychiatric prescribers	30	30	60	60	90	90
Pediatric psychiatry and other psychiatric prescribers	30	30	60	60	90	90
Adult Mental Health Provider	30	30	60	60	90	90
Pediatric Mental Health Provider	30	30	60	60	90	90
Adult SUD Provider	30	30	60	60	90	90
Pediatric SUD Provider	30	30	60	60	90	90

RMHP's goal is to provide access to behavioral health services to the extent such services are available based on location, number and types of providers, cost, and suitability of care, RMHP's credentialing requirement and consideration of usual travel patterns within the community. RMHP maintains an open behavioral health network policy outside the Region 1 service area and contracts with providers outside the region to ensure Members have access to services that are not available or limited within the region. Each goal, criteria and ratio described herein is only a goal and not a binding standard. RMHP uses Quest Analytics software to measure the distance between the Members and the providers in the region. Please refer to Appendix C for the RAE and PRIME Network Analysis reports.

Behavioral Health Appointment Availability

Service Type	Time Frame
Emergency Behavioral Health Care	By Phone
	Within 15 minutes after initial contact
	In Person – Urban
	Within 1 hour of initial contact
	In Person – Rural and Frontier
	Within 2 hours of initial contact
Non-Urgent Symptomatic Behavioral Health Care	Within 7 days after request
Members may not be placed on a waiting list for initial routine Behavioral Health Care services	

Behavioral Health Providers Accepting Mental Health Certifications

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
352	336	585	170	2	247	114

RMHP contracts with all CMHCs in the Region 1 RAE, PRIME, and CHP+ service areas. If other providers that accept mental health certifications in the service areas become available, RMHP will work with the provider to participate in the network or enter into Single Case Agreements (SCAs) as needed. RMHP also contracts with CMHCs outside of the Region 1 geographical area and enters contracts or SCAs to meet the needs of RMHP members.

Meeting the Needs of the Region 1 and CHP+ Member Population

RMHP routinely solicits feedback from Members to determine whether the provider network is meeting their needs through forums including Member Advisory Council meetings and focus groups. RMHP has four Member Advisory Councils to include Members throughout RAE and RMHP CHP+ service areas as well as Members who speak Spanish or who are Deaf or hard-of-hearing. Members who participate in Member Advisory Councils contribute to agenda development, recruitment of external participants and assistance with development and review of Member materials.

RMHP has worked with local pediatric practices in Western Colorado to create a *Whole Family Pediatric Care Model* to support comprehensive pediatric care and increase access to behavioral health services for Medicaid and CHP+ patients.

- RMHP has utilized our network tiering and alternative payment model (APM) programs to recognize and support pediatric practices that deliver comprehensive care.
- The Whole Family model focuses on prevention, screening, trauma-informed care, and resiliency, which necessitates additional upfront funding and technical assistance and collaboration between pediatric experts. Monthly meetings convening regional pediatric experts allowed thoughtful collaboration between pediatric practices and RMHP to create an innovative, pediatric value-based model.
- The Whole Family Pediatric Care model funding from RMHP prioritizes the high value activities listed below. Pediatric leaders in the monthly meetings provide perspective on best practices as well as provide evidence-based feedback for prioritized activities. These include, but are not limited to:
  - Screening for behavioral health concerns as guided by the American Academy of Pediatrics-provided evidence-based screening standards for developmental and behavioral health screening tools for pediatrics.
  - Integration of pediatric focused behavioral health services in primary care-provided feedback regarding pediatric integrated behavioral health program based on lessons learned implementing the State Innovation Model (SIM) building blocks.
  - Empanelment, stratification, and several other core elements of advanced practice must be adjusted to reflect differences for children and families.
  - Assessing social determinants of health along with leveraging community connections to address patient and family needs-provided pediatric focused evidence-based screening tool examples such as the Johns Hopkins Screener for Social Needs and the Children's Hospital Colorado Social Needs Screener to better capture the pediatric experience.
  - Focus on trauma-informed care (TIC) and promoting resiliency-provided feedback regarding TIC based on her participation in the Johns Hopkins Pediatric Integrated Care Collaborative which focused on pediatric resiliency.
  - Measuring and reassessing patient needs to adjust treatment and referral to higher levels of care-provided feedback recommending the addition of SMART goals for behavioral health clinicians to track progress for the Short-Term Behavioral Health Services benefit.

Over the past 6 years, RMHP has facilitated stakeholder groups that include a focus on behavioral health care service delivery for individuals with Intellectual and Developmental Disabilities (IDD). RMHP will conduct another round of IDD community stakeholder groups starting in September 2023. These groups are intended to solicit feedback from Members, community stakeholders and

providers about what is working well and opportunities to improve gaps in physical health, behavioral health and resources for social determinants of health (SDOH).

Based upon the findings from prior focus groups, RMHP partnered with Oliver Behavioral Consultants to offer providers an intensive training course focused on delivering care to people with co-occurring behavioral health and IDD diagnoses. One training program, *Providing Mental Health Treatment to Persons with Intellectual Development Disabilities,* launched in Summer 2022. Over fifty providers participated in the first course and another course is currently underway due to significant interest. Based on feedback as well as qualitative and quantitative analysis about the delivery of care to individuals with Severe Mental Illness (SMI), RMHP is working with Mental Health Colorado to do develop a similar course to help providers better serve adults with SMI, which will be launched during the 2023-2024 state fiscal year. The course will be open to both behavioral and physical health providers.

RMHP understands that maintaining an accessible, high-quality network of providers, that reflects the individual needs and preferences of our Members, is *necessary, but not sufficient* to achieve the rigorous performance and outcome goals we share with the Department. We have worked to engage with multiple state agency partners to create a comprehensive network and program fabric that serves our Members and their families. We have implemented and integrated supports for members who need access to Early Childhood interventions, HCBS (Home and Community-Based Service) programs and LTSS (Long-term services and supports) provider services – as well as behavioral health crisis, child and youth assessment and treatment, and access to all individuals experiencing SUD. We persistently seek to align state, federal and community resources with our substantial enterprise resources to better support the health and well-being of our Members, as whole people and families with fewer referrals, hassles, and blind spots.

RMHP has worked successfully with other RAEs and/or MCO's to coordinate care when a Member is transitioning from one region to another region. RMHP regularly receives alerts and referrals from other RAEs and/or MCO's, the Department, Department of Human Services, and other entities when a Health First Colorado Member is transitioning to Region 1 or RMHP CHP+. When an alert is received, RMHP care coordination is notified and the Member or referring party is outreached to assess needs and establish appropriate care. If the Member is receiving care from a behavioral health provider not contracted with RMHP, RMHP does one or all the following: 1) attempts to contract with the provider; 2) creates a single case agreement with the provider; 3) finds another provider to deliver care to the Member. When a Member previously assigned to Region 1 or RMHP CHP+ is identified as being newly assigned to another RAE and/or MCO, RMHP notifies the RAE or MCO to whom the Member is assigned and provides necessary information to support continuity of care through the RAE-to-RAE Transition of Care Coordination form. Additionally, RMHP has a system in place for monitoring panel size in our Provider Network and will recruit providers as necessary to assure adequate access to all covered services.

Members with Limited English Proficiency and Illiteracy

To help meet non-English speaking Members' needs, RMHP identifies health care providers who speak languages other than English, including American Sign Language. RMHP publishes available data on cultural and language expertise of providers in its provider directory. When direct interaction with a bilingual health care provider is not possible, RMHP provides access to a language line with interpreters representing multiple languages.

RMHP supports Rural Auxiliary Services (RAS) (formerly the Rural Interpreting Services Project [RISP] Pilot), for Members who are Deaf whose primary language is ASL. This resource provides qualified ASL interpreters in rural and frontier areas of Colorado at no cost to consumers or service providers. Interpreting services are available for multiple needs, including doctors, dentists, mental health services. RMHP provides information about RAS to providers through various methods, including the RAE Resource Guide and provider directory. The Deaf and hard-of-hearing Member Advisory council supports multiple initiatives including resource fairs and engagement with first responders to provide education related to communication needs and first responder protocols that can impact people who are Deaf and hard-of-hearing.

RMHP translates all Member materials into Spanish and can provide translations for any other language as requested by Members. Spanish-speaking Member Services representatives are available to assist Members either by phone or in person. Member materials are written at an appropriate reading level and are made available orally for Members with limited literacy skills.

In the community, RMHP has long partnered with a consultant group called PDF Consulting on a project called Voice of the Consumer Latinx Initiatives. The project is designed to understand how bilingual and monolingual Spanish speaking Members navigate the healthcare system and find solutions to the barriers they experience. Over the past year, PDF Consulting continued their efforts to support the underserved Clifton community in Mesa County with capacity building, community organizing and access to care. In addition, they implemented the Diabetes Prevention Program (DPP) and Familia Adelante in Eagle County. PDF Consulting's current priorities include continued focus on behavioral health and SDOH research, focus groups, key informant interviews and evidence-based programs, as well as the development of a new Spanish-speaking Member advisory council that will advise RMHP on the needs and experiences of this community.

Lastly, RMHP has worked with Grand Valley Resettlement program which focusses specifically on the resettlement of individuals from Afghanistan. Through the work in this program, RMHP has assisted with Medicaid applications via PEAK and identified that Dari (one of the prominent languages of people who resettled) was not an available selection. Through partnership with Colorado Cross-Disability Coalition, the PEAK application was updated to include Dari as a language option.

Members with Complex Medical and Social Needs

Care coordination staff and Integrated Community Care Teams (ICCT) provide comprehensive care coordination response to the unique needs of each Member. Members with complex medical and social needs are identified through risk stratification, transitions of care and referrals from local providers and community partners.

RMHP's population segmentation model uses ImpactPro® (IPro), a predictive analytics tool, to create a risk profile that projects future cost and clinical need for each member. Care coordination teams use this information to reach out to Members identified as complex and complete evidence-based assessments that focus on SDOH, medical and behavioral health needs and the cultural factors that impact overall access to care.

RMHP has a direct interface with Quality Health Network (QHN) a health information exchange (HIE) that provides care coordination staff with real-time admission, discharge, and transfer (ADT) data. Care coordinators attempt to contact all Members upon notification of hospital discharge and initiate a transitions of care workflow.

RMHP's community-based care coordination model includes a shared care coordination platform that enables teams to share documentation and generate referrals as appropriate. Care coordinators have strong relationships with local PCMPs and other community organizations and receive direct referrals including Members with complex needs.

RMHP Member Services representatives attempt to contact all newly enrolled RAE, PRIME, and CHP+ Members. During these welcome calls, Members receive an assessment to identify chronic conditions and complex needs. If necessary, a referral is sent to the local care coordination team for further assessment and care plan creation.

Women's Health

PRIME and CHP+ prenatal Members have access to a women's health specialist within the network to provide routine and preventive health care services without a referral. These services are in addition to the Member's designated source of primary care if that source is not a women's health care specialist. New Members in their second or third trimester of pregnancy may continue to see their practitioner until the completion of postpartum care if the practitioner agrees to terms as specified in Section 26-4-117, C.R.S. The terms and conditions, including reimbursement rates, remain the same as prior to enrollment if the provider and Member agree to work in good faith with RMHP toward a transition.

Members Diagnosed with Substance Use Disorders

RMHP has developed a unique system of episodic payments to improve the provision of SUD treatment in PRIME counties. There are currently two large, multi-provider advanced primary care clinics participating in this program. In these clinics,

Members can receive high-quality primary care, including medication-assisted treatment (MAT), and behavioral health care in an integrated setting.

The RMHP Practice Transformation Team works with PCMPs to improve policies, workflows, and programs to support Members with SUD. This program includes practice coaching and support through the Incentives and Support for Medication for Opioid Use Disorders Program, which helps PCMPs increase access to medication for opioid use disorder and build the confidence of providers to successfully support Members appropriate for these medications.

RMHP will continue to participate in the hub-and-spoke model for SUD in Larimer and Mesa counties. Members are identified through hospital claims data or referrals from local community partners; Members complete a treatment needs questionnaire and enroll in the program. Care coordination makes connections between regional hubs (e.g., SUD providers, MAT clinics). Care coordination continues during the continuum of care through 30 days post discharge.

Members with Special Needs

New RAE, PRIME and CHP+ Members with special needs may continue to see a non-plan provider for sixty (60) days from the date of enrollment with RMHP if the Member is in an ongoing course of treatment with a previous provider and only if the previous provider agrees to terms as specified in Section 26-4-117, C.R.S. Members with special health care needs as defined by 10 CCR 2505-10, section 8.205.9, who use specialists frequently for their health care may maintain these types of specialists as their PCMP or will be allowed access without referral to specialists for the needed care. The terms and conditions, including reimbursement rates, will remain the same as prior to enrollment if the provider and enrollee agree to work in good faith with RMHP toward a transition.

Members Living with Physical Disabilities or Needing Reasonable Accommodation

When available, RMHP publishes information in its provider directory about a provider's ability to support Members needing reasonable accommodation, adapted physical access or special equipment.

Members who are hard of hearing may dial 711 to access Relay Colorado services. RMHP has also adopted standards for transacting business with Members who are unable to communicate to make decisions on their own behalf. Appropriate family members or legal guardians are identified and included in Member enrollment and care decisions.

All RMHP buildings meet accessibility standards for people with disabilities such as parking spaces, ramps, doorways, elevator accessibility to all floors in our offices, and Braille signs. Providers must complete a quarterly attestation related to the accuracy

of information on file as required by the Consolidated Appropriations Act, including information related to accessibility standards published in RMHP provider directories.

RMHP Care Coordinators work closely with Members who may need physical or other accommodations to access care. Local Care coordinators can attend provider appointments at the request of the Member and identify the resources available in the community to support accommodation.

If a Member needs to adjust their PCMP based on accommodation needs, RMHP offers access to alternative PCMP practice locations that meet the Americans with Disabilities Act of 1990 access and communication standards.

Accessing Services Not Covered by RMHP

RMHP assists Members with accessing services covered by Health First Colorado or CHP+ and not offered by RMHP. Member materials provide information on how to contact RMHP. Services not covered by RMHP and Health First Colorado or CHP+ must be paid for by Members. This information is explained in the Member Handbook. The county health department has information on programs such as transportation, supplemental feeding programs for children and pregnant Members, and dental care. Although these services are not covered by RMHP, providers or Members can find out more about them by calling RMHP Member Services representatives by accessing information and resources online at uhccommunityplan.com/co or by contacting their care coordinator.

Process and Outcome Goals

- Increase behavioral health provider network growth by maintaining a diverse independent provider network (IPN) available to Members throughout the region.
- Increase Member awareness of telehealth options to increase access to care, through compliant platforms such as CirrusMD for non-well child visits, illnesses, and behavioral health consultations.
- Increase the number of providers eligible for enhanced payment and APM programs through the annual PCMP tiering process. Expand value-based programs with integrated system networks (e.g., Monument Health).
- Refine and expand the "Whole Family Health" model of care for pediatric practices
- Expand our RMHP electronic consult (eConsult) program to ensure pediatric practices have access to specialty expertise within the RMHP network.

2. Practice Support & Transformation

The RMHP Clinical Quality Improvement Team collaborates with PCMPs throughout the region to build a community of advanced practices that focus on team-based quality improvement at the point of care. PCMPs follow a structured curriculum to build competencies based on Bodenheimer's 10 Building Blocks of High-Performing Primary Care that include: 1) engaged leadership, 2) data-driven improvement, 3) empanelment, 4) team-based care, 5) patient-team partnership, 6) population management, 7) continuity of care, 8) prompt access to care, 9) comprehensiveness and care coordination, and 10) vision for future enhancements. A critical focus of all clinical quality improvement programs is support for integrated care models that address Member needs across the biopsychosocial spectrum. Practices are offered multiple resources to promote integrated care including individualized project plans, evidence-based tools, and comprehensive training. Additionally, practices receive support to develop financially sustainable integrated behavioral health delivery models. Data evaluation and analysis is a foundation of quality improvement programs and RMHP helps practices develop systems to monitor performance and make changes as needed. RMHP offers multiple programs to help practices succeed in value-based payment models. These programs align with the Departments APM strategy and RAE performance measurement. RMHP programs include:

- **Foundations:** Introductory course that covers implementation of quality improvement tools to improve competencies and infrastructure. Tools include, how to use Plan, Do, Study, Act (PDSA) framework, process mapping, and basic data analysis.
- **Masters Level 1:** Helps practices develop sustainable processes to manage the health of high-risk patient populations through care coordination and team-based care models.
- **Masters Level 2:** Continuation of concepts adopted in Masters Level 1 that incorporates patient satisfaction surveys and use patient/family advisory councils to evaluate the experience and identify opportunities for improvement.
- **Patient-Centered Medical Home (PCMH) Recognition:** Coaching to build and maintain an infrastructure that supports NCQA PCMH recognition.
- **Consultative Services:** The Clinical Quality Improvement Team supports practices in regionwide efforts to improve care delivery and overall health outcomes. Examples include:
  - **eConsult Initiative:** Colorado Specialty CareConnect (CSCC) is an eConsult program that provides a framework and reimbursement for primary care providers to receive direction from specialists. CSCC can be accessed directly through QHN and empowers providers to make decisions through enhanced connectivity with specialty care.
  - **SDOH:** Practices receive coaching to identify best practices related to SDOH screening tools and resources to address SDOH issues into current workflows. Additionally, RMHP is supporting over 20 hospitals participating in the Hospital Transformation Program (HTP) to increase SDOH screening and data sharing.

- o **Diabetes Management Program**: A yearlong intervention that includes monthly facilitation from a RMHP Clinical Program Manager to improve management and outcomes of patients with diabetes. Program measures are related to HbA1c screening, diabetic retinopathy, kidney disease and hospital utilization (ED and inpatient).
- o **Emergency Department (ED) Utilization Project:** A yearlong intervention that includes monthly facilitation from a RMHP Clinical Program Manager to help practices create programs to reduce unnecessary ED utilization.

RMHP value-based contracting programs align incentives and payment with improvement on health outcomes and key performance measures. The Clinical Quality Improvement Team supports contract performance through strong provider relationships and a comprehensive evaluation and practice transformation program. Practices are currently receiving support in the following value-based payment arrangements:

- RMHP PRIME Shared Savings program
- RAE Region 1 PCMP Tiering program which incorporates elements of the HCPF APM and support of the ePrescriber tool
- RMHP Advanced APM

Practice support includes assistance with eligibility and program requirements, assessment of program performance and outcomes, activities related to electronic clinical quality measures, program guides, training materials and learning collaboratives to enhance value-based program capabilities.

The Clinical Quality Improvement Team promotes programs managed by the Department and supports participating practices throughout the region. The team assists with measure selection and prioritization, program management, documentation, and communication related to deadlines and requirements. Programs currently supported include:

- APM for Primary Care
- APM 2
- Hospital Transformation Program
- ePrescriber tool

RMHP will continue to support exciting practice transformation programs and enhance practice support for programs like ePrescriber implementation and PRIME eCQM performance. Ongoing implementation of the Department's ePrescriber tool will continue to be a top priority of RMHP's practice transformation strategy. Notable achievements and ongoing plans for this work include:

- Outreach to 100% of PCMPs in Region 1 to provide information related to the Real Time Benefit Inquiry (RTBI) tool and steps needed to attest to the functionality of the tool within the Electronic Medical Record. This outreach generated a 75% response rate and will continue in SFY 23-24.

- Hospitals and PCMPs were provided RTBI updates and content from the Departments ePrescriber team via the monthly provider newsletter and Clinical Quality Improvement (CQI) Newsroom, this collaboration will continue in SFY 23-24.
- PCMPs are offered incentives through the value-based payment program attestation process if they can demonstrate engagement with the with the Department ePrescriber tool, these incentives will continue in SFY 23-24.
- RMHP met each month with the Departments ePrescriber team to ensure ongoing collaboration and strategy promotion; this partnership will continue to support PCMPs and hospital partners in efforts to adopt the ePrescriber tool and upcoming Prescriber tool APM.

Electronic clinical quality measures (eCQM) are a core component of all practice transformation and quality improvement programs supported by the Clinical Quality Improvement Team. RMHP supports PCMPs with the development of workflows and best practices to support eCQM performance. Below is a summary of prioritized eCQMs and performance compared to previously established goals:

Measure	CY 2021 Final	YTD Performance (Q1)	CY 2022 (SFY 21/22) Goal	CY 2023 (SFY 22/23) Goal
CMS 122 Diabetes: Hemoglobin A1c Poor Control (>9/0%)	20.38%	31.97%	N/A	21.5%
CMS 137a Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (within 14 days of diagnosis)	28.23%	70.28%	15.91%	28.20%
CMS 137b Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (within 34 days of diagnosis)	12.00%	16.93%	N/A	9.10% (not MLR)

3. Communication

RMHP communicates with the RAE Region 1 and PRIME provider network using multiple communication pathways depending on audience, topic and urgency. Examples include:

- Email and fax to a distribution list or individual recipient
- Direct mail
- RMHP/UnitedHealthcare (UHC) Provider Manual
- Telephonic communication
- RMHP/UHC website, uhcprovider.com/CO
- RMHP/UHC Provider Portal, uhcprovider.com/CO
- Electronic newsletters

Electronic newsletters are critical to keep providers informed and educated. For example, the *Prudent Prescriber* is a monthly publication covering pharmacy information and education. The *Provider Insider Plus, is a* monthly provider newsletter that provides contracting updates, network changes, clinical information/guidelines, and upcoming education events (*Provider Insider Plus* will become *UHC Network News Q1 of FY23/24*). The *Provider Insider Plus,* includes pertinent information and updates from the HCPF Provider Bulletin, for example, the Medical Assistance Renewal and Public Health Emergency Unwind process is featured in a dedicated section of the newsletter called the HCPF Corner. RMHP's newsletters are posted on the RMHP/UHC provider portal for providers to reference at their convenience. If specific providers are impacted more significantly by an issue, RMHP Provider Relations staff will contact the provider or practice directly. *Provider Insider Plus* metrics for calendar year 2022 are detailed below.

Average Number of Newsletters Delivered	Average Open Rate	Average Click Rate
3,182	25.77%	10.3%

Beginning in July 2023, all providers will receive quarterly outreach from UnitedHealthcare partners. Providers will be required to attest online to the accuracy and completeness of directory and office information. In addition to the quarterly provider information review process, RMHP conducts a quarterly provider attributes process. Through this process, RMHP requests that behavioral health providers complete a provider demographic tool to capture relevant and up-to-date demographic information for Members. Primary care and specialty provider information is captured via the process described above. RMHP adds questions to the demographic tool as needed. Questions asked on the demographic tool include:

- Linguistic diversity

- Staff training received including Cultural Competency or Disability Competent Care training
- Accommodations for people with physical disabilities including accessible buildings, exam rooms and equipment
- Availability of after-hours appointments
- LGBTQIA+ safe space provider

Administrative expectations are defined in the RMHP provider manual. This resource is updated regularly and posted on the provider portal. Prior authorization requirements are sent directly to providers via direct mail or blast fax as needed and updates are published on the RMHP/UHC website and provider manual.

RMHP offers regular in-person provider training events (Learning Collaboratives) and webinar training opportunities focusing on various topics. For example, RMHP hosted a Health Equity Training in February 2023. Sessions included topics such as Health Equity and Disability, Native American Cultural Awareness and our Health Equity and Diversity, Equity, Inclusion and Social Justice; this training included over 112 participants. RMHP's Clinical Quality Improvement team also develops educational tools for all practices including a _Regional Accountable Entity (RAE) Program Description_ that help providers understand the RAE program.

RMHP maintains a behavioral health provider email distribution list to quickly communicate with providers if an important update is needed (e.g., rates, prior authorization code changes). In addition, RMHP notifies behavioral health providers via blast fax, mail and/or email.

RMHP provides forums for both behavioral and physical health providers to provide feedback, examples include the quarterly regional Program Improvement Advisory Committee (PIAC), quarterly RAE 1 Behavioral Health Office Hours forum, and the monthly CQI Newsroom webinar. The monthly CQI Newsroom is a collaborative venue allowing for feedback from providers while also sharing updates on new items that may impact RAE, PRIME or CHP+ Members. In addition, providers can ask questions or share concerns at any time by contacting their dedicated RMHP Provider Relations Representative.

RMHP uses a RAE Support inbox (raesupport@uhc.com) that is monitored by members of RMHP's Government Programs, Care Coordination and Provider Network Management teams. RMHP triages messages based on the topic and makes an assignment to the appropriate RMHP staff member or team to respond. RMHP immediately responds to most inquiries and the maximum response time is within 24 business hours. In addition, RMHP has created a dedicated email inbox for the behavioral health network (rmhpRAE_BH_PR@uhc.com) to direct provider inquiries to staff with an understanding of behavioral health billing, contracting, and credentialing. Although these inboxes are targeted toward the RAE network, most incoming messages come from providers who are also PRIME and CHP+ providers and can also receive support by using these email processes.

RMHP maintains a Primary Care Medical Provider (PCMP) email distribution list to send electronic communications regarding educational and training opportunities and topics of interest. The distribution list can be helpful for communicating time-sensitive

information including communication regarding changes to services for Members or how Members will receive services. Targeted communication can be sent to a subset of PCMPs as needed, for example, if a new community resource is available in a specific area, RMHP can filter the distribution list to send the email communication PCMPs in that location.

The RMHP/UHC website serves as an important communication tool for RMHP providers and partners in the broader health neighborhood. Key concepts on the RMHP/UHC website include:

- About the RAE/PRIME/CHP+
- Provider Resources
- Provider Trainings

RMHP's Business Continuity Plan includes provisions to minimize the impact of disaster or loss of operations or services to Members. This plan includes the following activities:

- Communication of information regarding business interruption to Members, staff, providers, the Department, vendors, partners, and others involved in Members' care.
- Targeted communications that provide essential, and timely information to combat the spread of rumors and/or misinformation that could negatively affect Members and providers.
- An established telephonic service restoration plan that allows Member Services and other outward facing functions to be recovered quickly.
- An Emergency Response Coordination Team ensures accurate and timely communication with stakeholders, including government agencies.

During a public health emergency such as the COVID-19 pandemic, RMHP works in collaboration with local and state health department officials to disseminate information on the availability of health services and adheres to the direction of public health officials to prioritize efforts. All communication pathways are included (e.g., print, electronic) to ensure information on provisions and availability of services is widely accessible to providers, Members, stakeholders, and other community partners throughout the region. In the event of an emergency or business disruption, RMHP works to ensure benefit design and interpretation will facilitate socially and medically appropriate access to clinical care, medical supplies, vaccines, and pharmaceuticals. For example, RMHP ensures quantity limits for antiviral medications used to prevent and treat influenza are consistent with recommendations from the Centers for Disease Control and Prevention (CDC).

This strategic approach has evolved since previous year's submission of this deliverable through an increased focus on behavioral health provider communications. Examples include the development of quarterly Behavioral Health Office Hours, and webinars

covering important behavioral health provider issues including billing and coding. In 2023, the first two Behavioral Health Office Hours events included 57 and 63 registrations, respectively.

Process and Outcome Goals

- Maintain a 100% response rate within 48 hours to provider inquiries in the provider email inbox.
- Respond to providers within seven calendar days acknowledging receipt of credentialing applications.
- RMHP has streamlined the credentialing process through UnitedHealthcare and utilizes data to facilitate a quick turnaround time for provider credentialing approvals. Within ten (10) days of receipt, Credentialing team will notify providers if their application is not complete.
- Continue to communicate policy transmittals from the Department to the RMHP network via email, provider newsletters and Behavioral Health Office Hours.
- Continue to facilitate and promote quarterly Behavioral Health Office Hours and request discussion topics, questions, or concerns from providers prior to webinar occurrences.
- Promote and publish monthly Provider Newsletter and special editions that highlight important policy changes, new program opportunities, and other relevant provider communications. In September 2023, RMHP will begin communicating with the broader Colorado provider community via the UnitedHealthcare *Network News* online newsletter to expand communication with providers not currently engaged with RMHP.

4. Health Neighborhood & Community Engagement

RMHP has a long-standing history of strong community and provider relationships and understands that communities working together to manage and coordinate effective, whole-person health care are essential to improving health outcomes and enhancing the Member experience.

Coordination of Care and Trusted Community Partnerships

RMHP recognizes the importance of access to care coordination in communities where Members live and receive care. Local ICCTs (integrated community care team) and RMHP staff throughout the region have a comprehensive understanding of resources specific to each community. Community partnerships are critical to promote Member engagement, especially for Members with complex needs and chronic conditions.

RMHP is the Single Entry Point (SEP) Case Management Agency (CMA) for Mesa, Conejos, Costilla, Rio Grande and Mineral counties. As the SEP CMA, RMHP provides intensive case management and connects eligible Members to Long Term Services and Supports and collaborates with local SEP Community Advisory Committees, Community Centered Boards (CCB), Resource Development Committees and other community groups to understand service delivery gaps, share ideas and gather Member feedback. Close connections with community partners lead to improved engagement with Members who require complex care coordination.

Additional strategies for improving Members' timely access to care include:

- Participate in monthly meetings with Colorado Cross Disability Coalition (CCDC) to address barriers and improve access to care coordination
- Identify points of contact and established relationships with discharge planners at each inpatient psychiatric setting to ensure Members have timely follow-up care upon discharge
- Providing education to all Home Health agencies in Region 1 about how RMHP care coordinators can provide support to Members and families.

Connectivity throughout the health neighborhood is necessary for effective collaboration and coordination of care. RMHP has a direct interface with QHN the regional HIE and care coordination staff receive real-time ADT data. Care coordinators attempt to contact all Members upon notification of hospital discharge and initiate a transitions of care workflow. Care coordination teams also have access to the Community Resource Network (CRN), integrated with 211 and streamlines community resource referrals and tracking.

Strong hospital relationships help promote collaboration and coordination of care among healthcare providers and community organizations. RMHP continues to support over 20 hospitals participating in the HTP and meets regularly with hospital partners to share resources and discuss data elements to enhance coordination of care. Hospitals participate in member engagement groups like

the regional PIAC to ensure member perspectives are a part of HTP strategy. HIEs (Health Information Exchange) are important resources to support HTP performance and ensure community partners have access to data that supports coordination of care throughout the health neighborhood. RMHP will continue to meet with hospitals, HIEs and community partners to execute mutually agreed upon plans and discuss how to best meet the needs of Members who are discharged from the hospital.

RMHP has a dedicated liaison who meets regularly with county child welfare directors, community centered board (CCB) directors and directors of single-entry point agencies (SEP). These meetings enhance the relationship between RMHP and the agency, educate staff about resources and supports available to address barriers to care. As a result of these relationships, RMHP has been able to effectively resolve issues related to Member care access. A single point of contact allows directors and staff to focus on resolving the issue at hand rather than navigating the system.

RMHP's participation in the 17 Interagency Oversight Groups (IOGs) in Region 1 provides valuable insight to support Members involved in multiple health care systems. RMHP will continue to improve outcomes for Members involved in the criminal justice system by collaborating with Department of Corrections (DOC) facilities, CMHCs, and parole clinicians.

Process and Outcome Goals

- The RMHP liaison to child welfare, CCBs and SEPs will connect with directors and staff of those agencies at least bi-annually.
- The Clinical Quality Improvement and Care Coordination departments will continue to offer and facilitate meetings with all hospitals in RAE Region 1 participating in the HTP to discuss data transfer and the delivery of timely data to RMHP to ensure appropriate care is happening in appropriate settings.
- In collaboration with the RAE Region 1 PIAC lead, the Clinical Quality Improvement department will work to incorporate, as requested and available, hospitals into PIAC meetings to facilitate continued collaboration with the local community organization and other stakeholders to ensure hospitals are working to meet community needs.
- The Clinical Quality Improvement and Care Coordination departments will continue to meet with both Colorado HIEs to leverage current data transfer workflows to increase effectiveness and efficiency in care delivery and work to provide data to key stakeholders to improve patient outcomes.

Enhancing Referral Processes and Utilization of Specialty Care

RMHP's Health Neighborhood and Community strategy includes the creation of innovative solutions to reframe how referral processes, communication, collaboration, and health data sharing across the health neighborhood occurs between RAEs, PCMPs, specialists and hospitals. For example:

- RMHP will continue to meet with hospitals throughout the region to support HTP program objectives including support for SDOH screening processes, implementing follow up procedures after a Member discharges from the hospital or ED and leveraging the HIE to enhance clinical data sharing.
- RMHP continues to communicate with providers and hospitals throughout the region using multiple platforms such as the monthly *Provider Insider Plus* Newsletter and the CQI Newsroom webinar series. Maintaining a consistent communication strategy allows for timely dissemination of vital information related to topics such as provider incentive programs, value-based contracting requirements, key performance indicators and best practices for closing Member gaps in care.

RMHP implemented a strategy for eConsults to improve communication, collaboration and effective and efficient referral practices between primary care and specialty providers. RMHP launched a collaborative pilot in April 2022 called Colorado Specialty CareConnect (CSCC) that will bring eConsults to Western Colorado. The site was launched in April 2022 in collaboration with QHN and Safety Net Connect, and pilot primary care sites have been using eConsults to increase curbside consults to improve access to care. Primary care pilot sites have been developing and testing workflows to order eConsults and are eligible for reimbursement for this service. The pilot program officially ended in September 2022, and we have been actively seeking participation from our network of providers to spread the value that this platform offers.

Process and Outcome Goals

RMHP trained and activated 8 PCMP sites to enable them to participate in eConsults in 2022 for a total of 13 PCMP sites active and able to order eConsults. Additional successes and goals are outlined in the below table:

Goal/Success category	2022 Results
Expand utilization for practices active in 2022	21 unique providers closed an eConsult 78 trained providers 2022
Engage new PCMP sites in PRIME counties	13 PCMP sites were trained in 2022
Increase total utilization	44 eConsults ordered and closed in 2022
Expand ConferMED's Colorado specialist network	13 specialties available for eConsult
Improve Specialty Access and appropriateness of referrals	66% of eConsults were closed as "patients' needs addressed" avoiding an inappropriate or unnecessary referral to specialty care

Additionally, the CQI team developed a 2023 strategy to expand the use of eConsults in RMHP PRIME counties. 2023 goals are outlined in the table below:

Goal category	2023 Goal
Expand utilization for practices active in 2022	In practices who participated in 2022, 50% of eligible providers will close 1 eConsult in 2023.
Engage new PCMP sites in PRIME counties	Train and activate 10 new PCMP sites in 2023.
Increase total utilization	Increase eConsults closed by 20% quarter over quarter in 2023.
Expand ConferMED's Colorado specialist network	Expand ConferMED specialist network to include 17 specialties.

Crisis Services/ASO

RMHP is the ASO that manages the delivery of Colorado Crisis Services (CCS) across Region 1. As both the ASO and RAE, RMHP has been able to leverage and build upon strong partnerships with CMHCs, hospitals, local law enforcement, independent behavioral health providers, and other community-based organizations to expand the CCS network and build a system that is responsive to community needs.

RMHP will collaborate with the Department and BHA to establish standard service definitions for mobile crisis response (MCR). RMHP will work with MCR providers to identify service gaps and support them to comply with state expectations. CCS providers must coordinate follow-up care and facilitate referrals to behavioral health treatment services and/or other community-based supports as clinically indicated. Often the crisis teams must work with the individual's RAE to arrange for dispositions to all levels of care, including 24-hour services, diversionary services, intensive outpatient services, transportation, and ongoing care coordination.

As the ASO, RMHP monitors crisis provider performance outcomes and works with them to set targets for program improvement. Another critical step RMHP is taking to improve health care linkage to the crisis system is to provide all internal staff and contracted care coordination teams with a basic foundational training about CCS, who the Region 1 providers are, and how to access crisis services.

As both the RAE and ASO, RMHP is an active participant in behavioral health community initiatives across the region, including Delta, Gunnison, Mesa, San Miguel, and Pitkin counties. Community stakeholders who frequently interact with the crisis system are represented at these meetings that provide information related to best practices, gaps in the crisis system and agency updates. Information learned during these meetings is used to enhance crisis system practices throughout the region and statewide. In some of these counties, discussions about crisis system gaps and performance promoted a change in contracted crisis providers.

RMHP will build on cross-collaboration between RMHP teams and establish more concrete referral pathways between crisis services and care coordination. RMHP's quality assurance and compliance staff complete clinical audits of crisis services and understand the intersection with RAE operations. This structure helps illuminate quality improvement opportunities.

Process and Outcome Goals

Support regional mobile crisis providers to comply with the new service definition MCR benefit. This includes:

- Expand peer services and strengthen paramedicine as a part of paired response.
- Meet timeliness standards (within 1 hour of request in urban areas, 2 hours of request in rural areas).
- Increase community response and divert individuals from higher levels of care unnecessarily.

5. Admin Payments and Incentives

RMHP provides financial support to an extended health neighborhood through multiple pathways including:

- **Primary care support**
  - Tiering model (see Appendix A for detailed methodology) that incentivizes PCMPs to integrate services and focus on whole person health. Practices are provided resources including clinical informaticists, coaches, data/reporting, and finical support to help improve and maintain tier status.
- **Care coordination agreements**
  - Funding contracts with community-based organizations that provide local care coordination to RAE 1 Members. These ICCTs document case management activity within RMHP's clinical platform and work on campaigns that align with RAE care coordination objectives.
- **Health neighborhood investments**
  - Community investment contracts with community partners and providers that focus on issues including SDOH, community-based wraparound services, transportation, health equity and accessibility
  - One-time community investment funding for health neighborhood partners including:
    - Community Food Banks/Food Service Agencies to expand capacity to address food insecurity, such as purchase of a mobile fresh market and food delivery vehicle, meal prep tables, coolers to preserve perishable food supplies and cooking classes
    - Childcare services to support parents/caregivers while they apply for SNAP (Supplemental Nutrition Assistance Program (food stamps)), Medicaid and other benefits
    - SDOH technology including cell phone and internet services to facilitate employment, social connection, and telehealth
    - Family bonding including family support and family strengthening classes

- Outreach and support groups for LGBTQIA+ youth experiencing homelessness
- Investments to expand workforce and retain local clinicians in medically underserved areas
- SUD recovery support services for individuals recently released from correctional facilities
- **Behavioral Health Support**
  - Value-based contracting with behavioral health providers including CMHCs with the expansion to Independent Behavioral Health Provider Network (IPN)
  - APM and value-based contracts

This strategic approach has evolved since last year's submission through an increase in community investments. Examples of community-based organizations that have received funding during past and current fiscal years include:

- Northwest Colorado Center for Independence
- CCDC
- Mental Health Colorado
  PDF Consulting (health equity focus)
- All CMHCs in Region 1
- The Willow Collective (pre and postpartum behavioral health)
- Integrated Insights (large IPN provider with whole person delivery of care)
- Identity Insights (large IPN provider that focuses on LGBTQIA+ youth and adults)
- Delta Health (workforce and transportation)
- Memorial Regional Health Hospital
- Federally Qualified Health Centers (including support for school-based health centers)

Process and Outcome Goals:

- Improve performance on Key Performance Indicators (KPIs)
- Improve performance on Behavioral Health Incentive Payments (BHIPs)
- Total Cost of Care savings by Tier 1 PCMPs of $4M+ per year (compared to other PCMPs)

Total practices or agencies eligible for Arrangement program

Type of Arrangement	Arrangement Description	PMPM ($) – based on acuity	KPI ($)	Performance Pool ($)	Number of Participating Practice Sites	Percentage of Total Practice Sites	Eligibility requirements for practice participation
PCMP Tier 1	Population Health Partner	Adults - $0.00 / $3.77 / $26.59 Children - $0.00 / $5.27 / $32.88 ** Includes eligibility for community integration agreement (see below)	$0.92-$2.43 PMPM	** See community integration agreement row	61	31.77%	*See Appendix A*
PCMP Tier 2	Advanced Participation	Adults - $0.00 / $3.23 / $26.05 Children - $0.00 / $4.53 / $32.14	$0.54-$1.43 PMPM		19	9.90%	*See Appendix A*
PCMP Tier 3	Foundations Participation	Adults - $0.00 / $2.43 / $25.25 Children - $0.00 / $3.39 / $31.00	$0.21-$0.57 PMPM		46	23.44%	*See Appendix A*
PCMP Tier 4	Basic Participation	Adults - $0.00 / $2.15 / $2.15 Children - $0.00 / $3.02 / $3.02	N/A		67	34.90%	*See Appendix A*
Community integration agreement	ICCTs, integrated care teams, community organization, and health infrastructure investment – recurring and one time	$5M - $12 M depending on the year (does not include $2.8M listed from KPI/Performance Pool Columns)	$0.6 M	$2.2M	N/A	N/A	N/A

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Policy & Financing

Appendix A

RMHP PCMP Tiering Methodology: Each year RMHP validates PCMP tier based on the criteria below. To stay in an attested tier, the practice must demonstrate all the following (if applicable):

Achieve enough points on annual attestation based on desired tier	Achieve Medicaid APM scoring thresholds	Submit CQMs quarterly AND annually meet or exceed the benchmarks
o Tier 4 Assessment – none o Tier 3 Assessment – 170 points o Tier 2 Assessment – 195 points o Tier 1 Assessment – 220 points	o Tier 4 – none o Tier 3 – 51 – 100 points o Tier 2 – 101 to 150 points o Tier 1 – 151 – 200 points	o Tier 4 – none o Tier 3 – 20 points o Tier 2 – 28 points o Tier 1 – 32 points

Be open to Medicaid
  o Tier 4 – Not open to new Medicaid.
  o Tier 3 – Limited, intermittent availability for new Medicaid patients
  o Tier 2 – Open with equitable panel management processes and tools applied to maintain current Medicaid attribution numbers (at a minimum). Attach processes and tools.
  o Tier 1 – Open to new Medicaid		

If your practice has multiple locations, you may consider identifying those as satellite locations. If you distinguish a clinic as a satellite clinic, you consider it an extension of your primary clinic and share staff across locations. If you identify a location as a satellite clinic, please be aware of the following considerations:

- When identifying a PCMP site as a "satellite" this indicates that they are an extension of the primary / PCMP site and share staff/providers with that PCMP site. RMHP will consider the satellite clinic to be part of the PCMP practice and the PCMP site will hold the attestation accountabilities.
- No site-specific reporting will be expected from the satellite clinic(s).
- You will only need to complete the annual attestation for value-based contracts for the primary PCMP location. You will not need to submit an attestation for each satellite clinic.
- You will need to submit eCQM reporting for the primary PCMP location, which must also include data from the satellite clinic(s).
- From an RMHP RAE tiering perspective, each satellite clinic will receive the Tier designation and associated payment of the parent PCMP practice.
- Only PCMP sites are eligible for Community Integration Agreements (CIAs)
- Funding is linked to PCMP sites
- RAE Reports are at the PCMP TIN level
- Attribution is at the PCMP site level

Appendix B:
RMHP RAE/PRIME Network Provider Counts as of July 2023

RAE Physical Health Network	
Provider Type	**Number of Providers**
Adult Primary Care providers	756
Pediatric Primary Care providers	776
Family Planning providers	501

RAE Statewide Behavioral Health Network							
Provider Type	**Region 1**	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**
SUD providers	306	97	189	122	84	123	55
Psychiatrists	131	23	179	18	57	63	25
Adult Mental Health providers	1893	646	1502	299	631	958	419
Pediatric Mental Health providers	1047	331	925	135	413	518	235
Providers taking MHC	352	336	585	170	2	247	114

RAE Providers Open to New Medicaid	
Provider Type	**Number of Providers**
Adult Primary Care providers	736
Pediatric Primary Care providers	759
Family Planning providers	433
SUD providers	282
Psychiatrists	127
Adult Mental Health providers	1892
Pediatric Mental Health providers	1043

RAE Provider Network	
Providers with After Hours	230
Providers with Weekend Hours	156

PRIME Overall Network	
Provider Type	**Number of Providers**
Adult Primary Care providers	665
Pediatric Primary Care providers	627
OB/GYN providers	122
Family Planning providers	507
Gerontology providers	5
Internal Medicine providers	94
Physician Specialists	378

PRIME Providers accepting new Medicaid	
Provider Type	**Number of Providers**
Adult Primary Care providers	566
Pediatric Primary Care providers	546
OB/GYN providers	114
Family Planning providers	428
Gerontology providers	4
Internal Medicine providers	75
Physician Specialists	377

SUD providers	
COUNTY	Prov Count
Archuleta	9
Delta	10
Dolores	4
Eagle	8
Garfield	7
Grand	3
Gunnison	6
Hinsdale	0
Jackson	0
La Plata	18
Larimer	129
Mesa	50
Moffat	4
Montezuma	7
Montrose	15
Ouray	7
Pitkin	5
Rio Blanco	2
Routt	8
San Juan	0
San Miguel	5
Summit	9
	306

Psychiatrists	
COUNTY	Prov Count
Archuleta	2
Delta	3
Dolores	2
Eagle	4
Garfield	6
Grand	1
Gunnison	2
Hinsdale	1
Jackson	1
La Plata	8
Larimer	38
Mesa	32
Moffat	2
Montezuma	4
Montrose	7
Ouray	1
Pitkin	1
Rio Blanco	2
Routt	3
San Juan	0
San Miguel	2
Summit	9
	131

Adult Mental Health providers	
COUNTY	Prov Count
Archuleta	40
Delta	50
Dolores	13
Eagle	50
Garfield	49
Grand	6
Gunnison	27
Hinsdale	2
Jackson	1
La Plata	159
Larimer	875
Mesa	350
Moffat	19
Montezuma	45
Montrose	78
Ouray	16
Pitkin	10
Rio Blanco	7
Routt	30
San Juan	0
San Miguel	21
Summit	45
	1893

Pediatric Mental Health Providers	
COUNTY	Prov Count
Archuleta	22
Delta	25
Dolores	8
Eagle	33
Garfield	30
Grand	3
Gunnison	12
Hinsdale	2
Jackson	1
La Plata	82
Larimer	504
Mesa	174
Moffat	15
Montezuma	21
Montrose	36
Ouray	9
Pitkin	7
Rio Blanco	5
Routt	20
San Juan	0
San Miguel	14
Summit	24
	1047

Appendix C: RMHP RAE & PRIME Network GeoAccess

Network Analysis
RAE Region 1 Network
JULY 2023

July 31, 2023

Adult Primary Care

July 31, 2023

		Member	Provider	Counts	Ratio Members	With Access		Without Access		Average Distance
County Class	**County**	**#**	**Standard**	**#**	**to Providers**	**#**	**%**	**#**	**%**	**1**
Frontier	Dolores, CO	476	2 in 60 miles or 60 mins	20	23.8	476	100.0	0	0.0	6.9
	Gunnison, CO	280	2 in 60 miles or 60 mins	44	6.4	280	100.0	0	0.0	3.4
	Hinsdale, CO	98	2 in 60 miles or 60 mins	6	16.3	98	100.0	0	0.0	1.0
	Jackson, CO	165	2 in 60 miles or 60 mins	4	41.3	165	100.0	0	0.0	4.8
	Moffat, CO	2,433	2 in 60 miles or 60 mins	32	76.0	2,433	100.0	0	0.0	2.9
	Rio Blanco, CO	178	2 in 60 miles or 60 mins	30	5.9	178	100.0	0	0.0	3.8
	San Juan, CO	145	2 in 60 miles or 60 mins	0	---	145	100.0	0	0.0	16.3
	San Miguel, CO	119	2 in 60 miles or 60 mins	38	3.1	119	100.0	0	0.0	6.4
Rural	Archuleta, CO	2,588	2 in 45 miles or 45 mins	28	92.4	2,588	100.0	0	0.0	5.4
	Delta, CO	548	2 in 45 miles or 45 mins	123	4.5	548	100.0	0	0.0	2.6
	Eagle, CO	4,076	2 in 45 miles or 45 mins	196	20.8	4,076	100.0	0	0.0	3.4
	Garfield, CO	1,200	2 in 45 miles or 45 mins	126	9.5	1,200	100.0	0	0.0	2.4
	Grand, CO	1,398	2 in 45 miles or 45 mins	64	21.8	1,398	100.0	0	0.0	4.5
	La Plata, CO	9,394	2 in 45 miles or 45 mins	97	96.8	9,394	100.0	0	0.0	4.4
	Larimer, CO	44,111	2 in 45 miles or 45 mins	220	200.5	44,111	100.0	0	0.0	1.7
	Mesa, CO	3,644	2 in 45 miles or 45 mins	217	16.8	3,644	100.0	0	0.0	2.9
	Montezuma, CO	6,717	2 in 45 miles or 45 mins	20	335.9	6,717	100.0	0	0.0	7.0
	Montrose, CO	1,108	2 in 45 miles or 45 mins	128	8.7	1,108	100.0	0	0.0	2.0
	Ouray, CO	61	2 in 45 miles or 45 mins	14	4.4	61	100.0	0	0.0	6.9
	Pitkin, CO	273	2 in 45 miles or 45 mins	24	11.4	273	100.0	0	0.0	3.9
	Routt, CO	2,417	2 in 45 miles or 45 mins	59	41.0	2,417	100.0	0	0.0	3.9
	Summit, CO	2,650	2 in 45 miles or 45 mins	59	44.9	2,650	100.0	0	0.0	2.2
Grand Totals		3,894	2 in 60 miles or 60 mins	174	22.4	3,894	100.0	0	0.0	4.1
		80,185	2 in 45 miles or 45 mins	1,375	58.3	80,185	100.0	0	0.0	2.9

Peds Primary Care

July 31, 2023

Access Analysis
RAE Pediatric Primary Care

Member / Provider Groups
RAE Members - Peds (RAE Service
Area - PH)

RAE Peds Primary Care Providers

**Members With and Without Access**
County Class	**County**	**Member**	**Provider**	**Counts**	**Ratio Members to Providers**		**With Access**		**Without Access**	**Average Distance**
		#	**Standard**	**#**		**#**	**%**	**#**	**%**	**1**
Frontier	Dolores, CO	289	2 in 60 miles or 60 mins	10	28.9	289	100.0	0	0.0	5.6
	Gunnison, CO	1,165	2 in 60 miles or 60 mins	22	53.0	1,165	100.0	0	0.0	4.0
	Hinsdale, CO	63	2 in 60 miles or 60 mins	3	21.0	63	100.0	0	0.0	0.6
	Jackson, CO	121	2 in 60 miles or 60 mins	2	60.5	121	100.0	0	0.0	4.2
	Moffat, CO	1,945	2 in 60 miles or 60 mins	16	121.6	1,945	100.0	0	0.0	2.3
	Rio Blanco, CO	752	2 in 60 miles or 60 mins	15	50.1	752	100.0	0	0.0	3.0
	San Juan, CO	73	2 in 60 miles or 60 mins	0	---	73	100.0	0	0.0	16.3
	San Miguel, CO	443	2 in 60 miles or 60 mins	19	23.3	443	100.0	0	0.0	3.8
Rural	Archuleta, CO	1,681	2 in 45 miles or 45 mins	14	120.1	1,681	100.0	0	0.0	5.0
	Delta, CO	4,384	2 in 45 miles or 45 mins	73	60.1	4,384	100.0	0	0.0	2.7
	Eagle, CO	4,116	2 in 45 miles or 45 mins	94	43.8	4,116	100.0	0	0.0	3.3
	Garfield, CO	8,074	2 in 45 miles or 45 mins	72	112.1	8,074	100.0	0	0.0	2.3
	Grand, CO	865	2 in 45 miles or 45 mins	34	25.4	865	100.0	0	0.0	4.3
	La Plata, CO	5,265	2 in 45 miles or 45 mins	77	68.4	5,265	100.0	0	0.0	4.0
	Larimer, CO	26,315	2 in 45 miles or 45 mins	160	164.5	26,315	100.0	0	0.0	1.7
	Mesa, CO	20,098	2 in 45 miles or 45 mins	120	167.5	20,098	100.0	0	0.0	3.3
	Montezuma, CO	4,339	2 in 45 miles or 45 mins	11	394.5	4,339	100.0	0	0.0	7.1
	Montrose, CO	6,175	2 in 45 miles or 45 mins	75	82.3	6,175	100.0	0	0.0	2.1
	Ouray, CO	257	2 in 45 miles or 45 mins	7	36.7	257	100.0	0	0.0	7.0
	Pitkin, CO	577	2 in 45 miles or 45 mins	11	52.5	577	100.0	0	0.0	3.8
	Routt, CO	1,277	2 in 45 miles or 45 mins	35	36.5	1,277	100.0	0	0.0	3.7
	Summit, CO	1,726	2 in 45 miles or 45 mins	33	52.3	1,726	100.0	0	0.0	1.8
Grand Totals		4,851	2 in 60 miles or 60 mins	87	55.8	4,851	100.0	0	0.0	3.4
		85,149	2 in 45 miles or 45 mins	816	104.3	85,149	100.0	0	0.0	2.9

Adult Psych Prescribers

July 31, 2023

Access Analysis

RAE Adult Psychiatrists - Psych Prescribers

Member / Provider Groups

RAE Members - Adult (RAE Service Area - BH)

RAE Adult Psychiatrists & Prescribers

County Class	County	Member #	Provider Standard	Counts #	Ratio Members to Providers	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1
Frontier	Baca, CO	▮	2 in 90 miles or 90 mins	0	---	1	100.0	0	0.0	88.3
	Bent, CO	▮	2 in 90 miles or 90 mins	0	---	9	100.0	0	0.0	25.1
	Cheyenne, CO	▮	2 in 90 miles or 90 mins	6	▮	2	100.0	0	0.0	13.3
	Costilla, CO	▮	2 in 90 miles or 90 mins	0	---	7	100.0	0	0.0	45.9
	Custer, CO	▮	2 in 90 miles or 90 mins	2	▮	6	100.0	0	0.0	7.7
	Dolores, CO	476	2 in 90 miles or 90 mins	7	68.0	476	100.0	0	0.0	7.0
	Gunnison, CO	280	2 in 90 miles or 90 mins	16	17.5	280	100.0	0	0.0	4.0
	Hinsdale, CO	98	2 in 90 miles or 90 mins	0	---	98	100.0	0	0.0	28.4
	Huerfano, CO	▮	2 in 90 miles or 90 mins	2	▮	14	100.0	0	0.0	9.1
	Jackson, CO	165	2 in 90 miles or 90 mins	0	---	165	100.0	0	0.0	39.1
	Kiowa, CO	▮	2 in 90 miles or 90 mins	0	---	2	100.0	0	0.0	43.0
	Kit Carson, CO	▮	2 in 90 miles or 90 mins	0	---	5	100.0	0	0.0	38.2
	Las Animas, CO	▮	2 in 90 miles or 90 mins	0	---	27	100.0	0	0.0	37.2
	Lincoln, CO	▮	2 in 90 miles or 90 mins	6	▮	9	100.0	0	0.0	15.2
	Mineral, CO	▮	2 in 90 miles or 90 mins	0	---	8	100.0	0	0.0	40.6
	Moffat, CO	2,433	2 in 90 miles or 90 mins	1	2,433.0	2,422	99.5	▮	▮	5.6
	Rio Blanco, CO	178	2 in 90 miles or 90 mins	0	---	178	100.0	0	0.0	56.0
	Saguache, CO	▮	2 in 90 miles or 90 mins	0	---	12	100.0	0	0.0	31.6
	San Juan, CO	145	2 in 90 miles or 90 mins	0	---	145	100.0	0	0.0	16.3
	San Miguel, CO	119	2 in 90 miles or 90 mins	14	8.5	119	100.0	0	0.0	6.5
	Sedgwick, CO	▮	2 in 90 miles or 90 mins	4	▮	12	100.0	0	0.0	5.5
	Washington, CO	▮	2 in 90 miles or 90 mins	6	▮	13	100.0	0	0.0	13.5
	Yuma, CO	▮	2 in 90 miles or 90 mins	8	▮	13	100.0	0	0.0	4.9
Rural	Alamosa, CO	42	2 in 60 miles or 60 mins	0	---	40	95.2	▮	▮	56.0
	Archuleta, CO	2,588	2 in 60 miles or 60 mins	7	369.7	2,588	100.0	0	0.0	6.2
	Chaffee, CO	61	2 in 60 miles or 60 mins	4	15.3	61	100.0	0	0.0	2.8
	Conejos, CO	▮	2 in 60 miles or 60 mins	0	---	1	9.1	▮	▮	62.3
	Crowley, CO	▮	2 in 60 miles or 60 mins	0	---	2	100.0	0	0.0	28.3
	Delta, CO	548	2 in 60 miles or 60 mins	14	39.1	548	100.0	0	0.0	6.9
	Eagle, CO	4,076	2 in 60 miles or 60 mins	1	4,076.0	4,076	100.0	0	0.0	15.2
	Fremont, CO	79	2 in 60 miles or 60 mins	2	39.5	79	100.0	0	0.0	6.3
	Garfield, CO	1,200	2 in 60 miles or 60 mins	4	300.0	1,200	100.0	0	0.0	17.7
	Grand, CO	1,398	2 in 60 miles or 60 mins	0	---	1,398	100.0	0	0.0	31.6
	La Plata, CO	9,394	2 in 60 miles or 60 mins	21	447.3	9,394	100.0	0	0.0	7.8
	Lake, CO	175	2 in 60 miles or 60 mins	2	87.5	175	100.0	0	0.0	2.0
	Larimer, CO	44,111	2 in 60 miles or 60 mins	94	469.3	44,111	100.0	0	0.0	3.0
	Logan, CO	106	2 in 60 miles or 60 mins	6	17.7	106	100.0	0	0.0	3.5
	Mesa, CO	3,644	2 in 60 miles or 60 mins	22	165.6	3,644	100.0	0	0.0	4.5
	Montezuma, CO	6,717	2 in 60 miles or 60 mins	7	959.6	6,717	100.0	0	0.0	7.5
	Montrose, CO	1,108	2 in 60 miles or 60 mins	27	41.0	1,108	100.0	0	0.0	3.9

Adult Psych Prescribers

Members With and Without Access

County Class	County	Member #	Provider Standard	Counts #	Ratio Members to Providers	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1
Rural	Morgan, CO	64	2 in 60 miles or 60 mins	10	6.4	64	100.0	0	0.0	6.4
	Otero, CO	■	2 in 60 miles or 60 mins	2	■	22	100.0	0	0.0	6.6
	Ouray, CO	61	2 in 60 miles or 60 mins	7	8.7	61	100.0	0	0.0	6.9
	Park, CO	333	2 in 60 miles or 60 mins	2	166.5	333	100.0	0	0.0	6.9
	Phillips, CO	■	2 in 60 miles or 60 mins	4	■	14	100.0	0	0.0	13.9
	Pitkin, CO	273	2 in 60 miles or 60 mins	0	---	273	100.0	0	0.0	23.6
	Prowers, CO	■	2 in 60 miles or 60 mins	0	---	17	100.0	0	0.0	53.4
	Rio Grande, CO	38	2 in 60 miles or 60 mins	0	---	30	78.9	■	■	55.2
	Routt, CO	2,417	2 in 60 miles or 60 mins	2	1,208.5	2,417	100.0	0	0.0	7.1
	Summit, CO	2,650	2 in 60 miles or 60 mins	4	662.5	2,650	100.0	0	0.0	5.2
Urban	Adams, CO	806	2 in 30 miles or 30 mins	109	7.4	802	99.5	■	■	4.6
	Arapahoe, CO	697	2 in 30 miles or 30 mins	86	8.1	693	99.4	■	■	2.8
	Boulder, CO	985	2 in 30 miles or 30 mins	89	11.1	985	100.0	0	0.0	3.4
	Broomfield, CO	95	2 in 30 miles or 30 mins	11	8.6	95	100.0	0	0.0	2.0
	Clear Creek, CO	92	2 in 30 miles or 30 mins	0	---	92	100.0	0	0.0	18.1
	Denver, CO	893	2 in 30 miles or 30 mins	28	31.9	893	100.0	0	0.0	1.8
	Douglas, CO	259	2 in 30 miles or 30 mins	28	9.3	259	100.0	0	0.0	3.3
	El Paso, CO	705	2 in 30 miles or 30 mins	36	19.6	697	98.9	■	■	3.3
	Elbert, CO	■	2 in 30 miles or 30 mins	6	■	24	100.0	0	0.0	7.2
	Gilpin, CO	■	2 in 30 miles or 30 mins	0	---	17	100.0	0	0.0	17.4
	Jefferson, CO	675	2 in 30 miles or 30 mins	22	30.7	675	100.0	0	0.0	2.7
	Pueblo, CO	151	2 in 30 miles or 30 mins	11	13.7	151	100.0	0	0.0	3.1
	Teller, CO	■	2 in 30 miles or 30 mins	2	■	20	100.0	0	0.0	7.3
	Weld, CO	4,272	2 in 30 miles or 30 mins	14	305.1	4,259	99.7	■	■	5.7
Grand Totals		4,034	2 in 90 miles or 90 mins	72	56.0	4,023	99.7	■	■	10.8
		81,149	2 in 60 miles or 60 mins	242	335.3	81,129	99.9	■	■	5.8
		9,691	2 in 30 miles or 30 mins	442	21.9	9,662	99.7	■	■	4.4

Adult Mental Health Providers

July 31, 2023

Access Analysis
  RAE Adult Mental Health Provider

Member / Provider Groups
  RAE Members - Adult (RAE Service Area - BH)
    RAE Adult Mental Hlth Prov

Members With and Without Access											
County Class	**County**	**Member**	**Provider**	**Counts**	**Ratio Members to Providers**	**With Access**		**Without Access**		**Average Distance**
		#	**Standard**	**#**		**#**	**%**	**#**	**%**	**1**
Frontier	Baca, CO	▮	2 in 90 miles or 90 mins	0	---	1	100.0	0	0.0	60.0
	Bent, CO	▮	2 in 90 miles or 90 mins	0	---	9	100.0	0	0.0	20.3
	Cheyenne, CO	▮	2 in 90 miles or 90 mins	10	▮	2	100.0	0	0.0	13.3
	Costilla, CO	▮	2 in 90 miles or 90 mins	3	▮	7	100.0	0	0.0	19.4
	Custer, CO	▮	2 in 90 miles or 90 mins	27	▮	6	100.0	0	0.0	7.2
	Dolores, CO	476	2 in 90 miles or 90 mins	50	▮	476	100.0	0	0.0	6.6
	Gunnison, CO	280	2 in 90 miles or 90 mins	141	▮	280	100.0	0	0.0	2.6
	Hinsdale, CO	98	2 in 90 miles or 90 mins	0	---	98	100.0	0	0.0	20.0
	Huerfano, CO	▮	2 in 90 miles or 90 mins	33	▮	14	100.0	0	0.0	9.0
	Jackson, CO	165	2 in 90 miles or 90 mins	0	---	165	100.0	0	0.0	38.1
	Kiowa, CO	▮	2 in 90 miles or 90 mins	0	---	2	100.0	0	0.0	32.4
	Kit Carson, CO	▮	2 in 90 miles or 90 mins	2	▮	5	100.0	0	0.0	5.6
	Las Animas, CO	▮	2 in 90 miles or 90 mins	9	▮	27	100.0	0	0.0	5.2
	Lincoln, CO	▮	2 in 90 miles or 90 mins	12	▮	9	100.0	0	0.0	10.0
	Mineral, CO	▮	2 in 90 miles or 90 mins	0	---	8	100.0	0	0.0	23.7
	Moffat, CO	2,433	2 in 90 miles or 90 mins	21	115.9	2,433	100.0	0	0.0	2.8
	Rio Blanco, CO	178	2 in 90 miles or 90 mins	4	44.5	178	100.0	0	0.0	2.9
	Saguache, CO	▮	2 in 90 miles or 90 mins	6	▮	12	100.0	0	0.0	6.8
	San Juan, CO	145	2 in 90 miles or 90 mins	0	---	145	100.0	0	0.0	15.0
	San Miguel, CO	119	2 in 90 miles or 90 mins	127	0.9	119	100.0	0	0.0	5.7
	Sedgwick, CO	▮	2 in 90 miles or 90 mins	10	▮	12	100.0	0	0.0	5.5
	Washington, CO	▮	2 in 90 miles or 90 mins	10	▮	13	100.0	0	0.0	13.3
	Yuma, CO	▮	2 in 90 miles or 90 mins	21	▮	13	100.0	0	0.0	4.3
Rural	Alamosa, CO	42	2 in 60 miles or 60 mins	69	0.6	42	100.0	0	0.0	2.5
	Archuleta, CO	2,588	2 in 60 miles or 60 mins	71	36.5	2,588	100.0	0	0.0	4.6
	Chaffee, CO	61	2 in 60 miles or 60 mins	58	1.1	61	100.0	0	0.0	2.1
	Conejos, CO	▮	2 in 60 miles or 60 mins	8	▮	11	100.0	0	0.0	6.5
	Crowley, CO	▮	2 in 60 miles or 60 mins	0	---	2	100.0	0	0.0	28.1
	Delta, CO	548	2 in 60 miles or 60 mins	185	3.0	548	100.0	0	0.0	2.4
	Eagle, CO	4,076	2 in 60 miles or 60 mins	82	49.7	4,076	100.0	0	0.0	3.0
	Fremont, CO	79	2 in 60 miles or 60 mins	51	1.5	79	100.0	0	0.0	3.2
	Garfield, CO	1,200	2 in 60 miles or 60 mins	66	18.2	1,200	100.0	0	0.0	1.7
	Grand, CO	1,398	2 in 60 miles or 60 mins	5	279.6	1,398	100.0	0	0.0	9.2
	La Plata, CO	9,394	2 in 60 miles or 60 mins	317	29.6	9,394	100.0	0	0.0	3.0
	Lake, CO	175	2 in 60 miles or 60 mins	28	6.3	175	100.0	0	0.0	1.6
	Larimer, CO	44,111	2 in 60 miles or 60 mins	3,303	13.4	44,111	100.0	0	0.0	1.1
	Logan, CO	106	2 in 60 miles or 60 mins	30	3.5	106	100.0	0	0.0	3.0
	Mesa, CO	3,644	2 in 60 miles or 60 mins	492	7.4	3,644	100.0	0	0.0	1.0
	Montezuma, CO	6,717	2 in 60 miles or 60 mins	69	97.3	6,717	100.0	0	0.0	5.2
	Montrose, CO	1,108	2 in 60 miles or 60 mins	276	4.0	1,108	100.0	0	0.0	1.6

Adult Mental Health Providers

July 31, 2023

Access Analysis
RAE Adult Mental Health Provider

Member / Provider Groups
RAE Members - Adult (RAE Service Area - BH)
RAE Adult Mental Hlth Prov

Members With and Without Access										
County Class		**Member**	**Provider**	**Counts**	**Ratio Members to Providers**	**With Access**		**Without Access**		**Average Distance**
	County	**#**	**Standard**	**#**		**#**	**%**	**#**	**%**	**1**
Rural	Morgan, CO	64	2 in 60 miles or 60 mins	24	2.7	64	100.0	0	0.0	6.4
	Otero, CO	■	2 in 60 miles or 60 mins	19	■	22	100.0	0	0.0	6.1
	Ouray, CO	61	2 in 60 miles or 60 mins	65	0.9	61	100.0	0	0.0	3.7
	Park, CO	333	2 in 60 miles or 60 mins	47	7.1	333	100.0	0	0.0	5.9
	Phillips, CO	■	2 in 60 miles or 60 mins	10	■	14	100.0	0	0.0	13.9
	Pitkin, CO	273	2 in 60 miles or 60 mins	21	13.0	273	100.0	0	0.0	3.4
	Prowers, CO	■	2 in 60 miles or 60 mins	2	■	17	100.0	0	0.0	6.2
	Rio Grande, CO	38	2 in 60 miles or 60 mins	9	4.2	38	100.0	0	0.0	3.4
	Routt, CO	2,417	2 in 60 miles or 60 mins	41	59.0	2,417	100.0	0	0.0	4.3
	Summit, CO	2,650	2 in 60 miles or 60 mins	55	48.2	2,650	100.0	0	0.0	1.9
Urban	Adams, CO	806	2 in 30 miles or 30 mins	683	1.2	803	99.6	■	■	1.2
	Arapahoe, CO	697	2 in 30 miles or 30 mins	1,689	0.4	695	99.7	■	■	1.2
	Boulder, CO	985	2 in 30 miles or 30 mins	1,030	1.0	985	100.0	0	0.0	1.5
	Broomfield, CO	95	2 in 30 miles or 30 mins	118	0.8	95	100.0	0	0.0	1.0
	Clear Creek, CO	92	2 in 30 miles or 30 mins	1	92.0	92	100.0	0	0.0	7.5
	Denver, CO	893	2 in 30 miles or 30 mins	670	1.3	893	100.0	0	0.0	0.7
	Douglas, CO	259	2 in 30 miles or 30 mins	498	0.5	259	100.0	0	0.0	1.8
	El Paso, CO	705	2 in 30 miles or 30 mins	653	1.1	705	100.0	0	0.0	2.0
	Elbert, CO	■	2 in 30 miles or 30 mins	15	■	24	100.0	0	0.0	5.6
	Gilpin, CO	■	2 in 30 miles or 30 mins	0	---	17	100.0	0	0.0	10.9
	Jefferson, CO	675	2 in 30 miles or 30 mins	357	1.9	675	100.0	0	0.0	1.3
	Pueblo, CO	151	2 in 30 miles or 30 mins	174	0.9	151	100.0	0	0.0	1.9
	Teller, CO	■	2 in 30 miles or 30 mins	55	■	20	100.0	0	0.0	6.1
	Weld, CO	4,272	2 in 30 miles or 30 mins	844	5.1	4,260	99.7	■	■	2.4
Grand Totals		4,034	2 in 90 miles or 90 mins	486	8.3	4,034	100.0	0	0.0	5.9
		81,149	2 in 60 miles or 60 mins	5,403	15.0	81,149	100.0	0	0.0	2.2
		9,691	2 in 30 miles or 30 mins	6,787	1.4	9,674	99.8	■	■	1.9

Adult SUD Providers

Access Analysis

RAE Adult Substance Use Disorder
Provider

Member / Provider Groups

RAE Members - Adult (RAE Service
Area - BH)

RAE Adult SUD Provs

Members With and Without Access											
County Class	**County**	**Member**	**Provider**	**Counts**	**Ratio Members to Providers**	**With Access**		**Without Access**		**Average Distance**
		#	**Standard**	**#**		**#**	**%**	**#**	**%**	**1**
Frontier	Baca, CO	▪	2 in 90 miles or 90 mins	0	---	▪	100.0	0	0.0	60.0
	Bent, CO	▪	2 in 90 miles or 90 mins	1	▪	▪	100.0	0	0.0	7.1
	Cheyenne, CO	▪	2 in 90 miles or 90 mins	2	▪	▪	100.0	0	0.0	13.3
	Costilla, CO	▪	2 in 90 miles or 90 mins	1	▪	▪	100.0	0	0.0	19.4
	Custer, CO	▪	2 in 90 miles or 90 mins	6	▪	▪	100.0	0	0.0	7.7
	Dolores, CO	476	2 in 90 miles or 90 mins	17	28.0	476	100.0	0	0.0	6.8
	Gunnison, CO	280	2 in 90 miles or 90 mins	47	6.0	280	100.0	0	0.0	3.7
	Hinsdale, CO	98	2 in 90 miles or 90 mins	0	---	98	100.0	0	0.0	20.0
	Huerfano, CO	▪	2 in 90 miles or 90 mins	2	▪	▪	100.0	0	0.0	9.1
	Jackson, CO	165	2 in 90 miles or 90 mins	0	---	165	100.0	0	0.0	38.5
	Kiowa, CO	▪	2 in 90 miles or 90 mins	0	---	▪	100.0	0	0.0	32.4
	Kit Carson, CO	▪	2 in 90 miles or 90 mins	0	---	▪	100.0	0	0.0	38.2
	Las Animas, CO	▪	2 in 90 miles or 90 mins	2	▪	▪	100.0	0	0.0	6.0
	Lincoln, CO	▪	2 in 90 miles or 90 mins	2	▪	▪	100.0	0	0.0	15.2
	Mineral, CO	▪	2 in 90 miles or 90 mins	0	---	▪	100.0	0	0.0	23.7
	Moffat, CO	2,433	2 in 90 miles or 90 mins	4	608.3	2,433	100.0	0	0.0	5.6
	Rio Blanco, CO	178	2 in 90 miles or 90 mins	0	---	178	100.0	0	0.0	50.8
	Saguache, CO	▪	2 in 90 miles or 90 mins	1	▪	▪	100.0	0	0.0	19.1
	San Juan, CO	145	2 in 90 miles or 90 mins	0	---	145	100.0	0	0.0	15.0
	San Miguel, CO	119	2 in 90 miles or 90 mins	39	3.1	119	100.0	0	0.0	6.5
	Sedgwick, CO	▪	2 in 90 miles or 90 mins	2	▪	▪	100.0	0	0.0	5.5
	Washington, CO	▪	2 in 90 miles or 90 mins	2	▪	▪	100.0	0	0.0	13.5
	Yuma, CO	1	2 in 90 miles or 90 mins	5	▪	▪	100.0	0	0.0	4.8
Rural	Alamosa, CO	42	2 in 60 miles or 60 mins	19	2.2	42	100.0	0	0.0	2.6
	Archuleta, CO	2,588	2 in 60 miles or 60 mins	22	117.6	2,588	100.0	0	0.0	5.2
	Chaffee, CO	61	2 in 60 miles or 60 mins	12	5.1	61	100.0	0	0.0	2.8
	Conejos, CO	▪	2 in 60 miles or 60 mins	3	▪	▪	100.0	0	0.0	6.5
	Crowley, CO	▪	2 in 60 miles or 60 mins	0	---	▪	100.0	0	0.0	35.4
	Delta, CO	548	2 in 60 miles or 60 mins	53	10.3	548	100.0	0	0.0	6.3
	Eagle, CO	4,076	2 in 60 miles or 60 mins	12	339.7	4,076	100.0	0	0.0	4.3
	Fremont, CO	79	2 in 60 miles or 60 mins	16	4.9	79	100.0	0	0.0	4.5
	Garfield, CO	1,200	2 in 60 miles or 60 mins	9	133.3	1,200	100.0	0	0.0	2.8
	Grand, CO	1,398	2 in 60 miles or 60 mins	2	699.0	1,398	100.0	0	0.0	9.8
	La Plata, CO	9,394	2 in 60 miles or 60 mins	74	126.9	9,394	100.0	0	0.0	4.0
	Lake, CO	175	2 in 60 miles or 60 mins	6	29.2	175	100.0	0	0.0	2.0
	Larimer, CO	44,111	2 in 60 miles or 60 mins	342	129.0	44,111	100.0	0	0.0	2.3
	Logan, CO	106	2 in 60 miles or 60 mins	4	26.5	106	100.0	0	0.0	3.2
	Mesa, CO	3,644	2 in 60 miles or 60 mins	73	49.9	3,644	100.0	0	0.0	2.7
	Montezuma, CO	6,717	2 in 60 miles or 60 mins	20	335.9	6,717	100.0	0	0.0	7.2
	Montrose, CO	1,108	2 in 60 miles or 60 mins	92	12.0	1,108	100.0	0	0.0	1.9

Adult SUD Providers

July 31, 2023

Access Analysis

RAE Adult Substance Use Disorder
Provider

Member / Provider Groups

RAE Members - Adult (RAE Service
Area - BH)

RAE Adult SUD Provs

County Class	County	Member #	Provider Standard	Counts #	Ratio Members to Providers	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1
Rural	Morgan, CO	64	2 in 60 miles or 60 mins	5	12.8	64	100.0	0	0.0	6.4
	Otero, CO	■	2 in 60 miles or 60 mins	0	---	■	100.0	0	0.0	24.5
	Ouray, CO	61	2 in 60 miles or 60 mins	22	2.8	61	100.0	0	0.0	4.0
	Park, CO	333	2 in 60 miles or 60 mins	7	47.6	333	100.0	0	0.0	6.6
	Phillips, CO	■	2 in 60 miles or 60 mins	2	■	■	100.0	0	0.0	13.9
	Pitkin, CO	273	2 in 60 miles or 60 mins	2	136.5	273	100.0	0	0.0	6.3
	Prowers, CO	■	2 in 60 miles or 60 mins	1	■	■	100.0	0	0.0	6.2
	Rio Grande, CO	38	2 in 60 miles or 60 mins	3	12.7	38	100.0	0	0.0	3.4
	Routt, CO	2,417	2 in 60 miles or 60 mins	8	302.1	2,417	100.0	0	0.0	7.0
	Summit, CO	2,650	2 in 60 miles or 60 mins	8	331.3	2,650	100.0	0	0.0	4.6
Urban	Adams, CO	806	2 in 30 miles or 30 mins	44	18.3	802	99.5	■	0.5	2.7
	Arapahoe, CO	697	2 in 30 miles or 30 mins	195	3.6	693	99.4	■	0.6	2.4
	Boulder, CO	985	2 in 30 miles or 30 mins	187	5.3	985	100.0	0	0.0	2.6
	Broomfield, CO	95	2 in 30 miles or 30 mins	22	4.3	95	100.0	0	0.0	1.7
	Clear Creek, CO	92	2 in 30 miles or 30 mins	0	---	92	100.0	0	0.0	16.6
	Denver, CO	893	2 in 30 miles or 30 mins	69	12.9	893	100.0	0	0.0	1.4
	Douglas, CO	259	2 in 30 miles or 30 mins	54	4.8	259	100.0	0	0.0	3.4
	El Paso, CO	705	2 in 30 miles or 30 mins	79	8.9	705	100.0	0	0.0	2.9
	Elbert, CO	■	2 in 30 miles or 30 mins	2	1■	■	100.0	0	0.0	7.4
	Gilpin, CO	■	2 in 30 miles or 30 mins	0	---	■	100.0	0	0.0	16.8
	Jefferson, CO	675	2 in 30 miles or 30 mins	42	16.1	675	100.0	0	0.0	2.1
	Pueblo, CO	151	2 in 30 miles or 30 mins	42	3.6	151	100.0	0	0.0	3.4
	Teller, CO	■	2 in 30 miles or 30 mins	8	■	■	100.0	0	0.0	6.7
	Weld, CO	4,272	2 in 30 miles or 30 mins	140	30.5	4,260	99.7	■	0.3	3.5
Grand Totals		4,034	2 in 90 miles or 90 mins	133	30.3	4,034	100.0	0	0.0	9.9
		81,149	2 in 60 miles or 60 mins	817	99.3	81,149	100.0	0	0.0	3.6
		9,691	2 in 30 miles or 30 mins	884	11.0	9,671	99.8	■	0.2	3.1

Peds Psych Prescribers

July 31, 2023

Access Analysis

RAE Pediatric Psychiatrists - Psych Prescribers

Member / Provider Groups

RAE Members - Peds (RAE Service Area - BH)

RAE Peds Psychiatrists & Prescribers

Members With and Without Access											
County Class		**Member**	**Provider**	**Counts**	**Ratio Members to Providers**	**With Access**		**Without Access**		**Average Distance**
	County	**#**	**Standard**	**#**		**#**	**%**	**#**	**%**	**1**
Frontier	Bent, CO	■	2 in 90 miles or 90 mins	0	---	■	100.0	0	0.0	24.1
	Cheyenne, CO	▮	2 in 90 miles or 90 mins	7	■	▮	100.0	0	0.0	10.5
	Costilla, CO	■	2 in 90 miles or 90 mins	0	---	▮	100.0	0	0.0	52.2
	Custer, CO	▮	2 in 90 miles or 90 mins	2	■	▮	100.0	0	0.0	1.7
	Dolores, CO	289	2 in 90 miles or 90 mins	7	41.3	289	100.0	0	0.0	5.7
	Gunnison, CO	1,165	2 in 90 miles or 90 mins	16	72.8	1,165	100.0	0	0.0	4.6
	Hinsdale, CO	63	2 in 90 miles or 90 mins	0	---	63	100.0	0	0.0	28.8
	Huerfano, CO	▮	2 in 90 miles or 90 mins	2	■	▮	100.0	0	0.0	8.0
	Jackson, CO	121	2 in 90 miles or 90 mins	0	---	121	100.0	0	0.0	39.0
	Kiowa, CO	▮	2 in 90 miles or 90 mins	0	---	▮	100.0	0	0.0	43.0
	Las Animas, CO	■	2 in 90 miles or 90 mins	0	---	■	100.0	0	0.0	39.1
	Lincoln, CO	■	2 in 90 miles or 90 mins	7	■	■	100.0	0	0.0	11.3
	Mineral, CO	■	2 in 90 miles or 90 mins	0	---	■	100.0	0	0.0	40.4
	Moffat, CO	1,945	2 in 90 miles or 90 mins	1	1,945.0	1,943	99.9	▮	■	4.2
	Rio Blanco, CO	752	2 in 90 miles or 90 mins	0	---	752	100.0	0	0.0	56.2
	Saguache, CO	▮	2 in 90 miles or 90 mins	0	---	■	100.0	0	0.0	31.4
	San Juan, CO	73	2 in 90 miles or 90 mins	0	---	73	100.0	0	0.0	16.3
	San Miguel, CO	443	2 in 90 miles or 90 mins	14	31.6	443	100.0	0	0.0	3.9
	Sedgwick, CO	▮	2 in 90 miles or 90 mins	5	■	■	100.0	0	0.0	5.9
	Washington, CO	■	2 in 90 miles or 90 mins	7	■	■	100.0	0	0.0	5.1
	Yuma, CO	■	2 in 90 miles or 90 mins	10	■	■	100.0	0	0.0	4.8
Rural	Alamosa, CO	■	2 in 60 miles or 60 mins	0	---	■	100.0	0	0.0	55.4
	Archuleta, CO	1,681	2 in 60 miles or 60 mins	7	240.1	1,681	100.0	0	0.0	5.8
	Chaffee, CO	34	2 in 90 miles or 60 mins	4	8.5	34	100.0	0	0.0	2.9
	Conejos, CO	▮	2 in 60 miles or 60 mins	0	---	▮	12.5	■		62.0
	Crowley, CO	▮	2 in 60 miles or 60 mins	0	---	▮	100.0	0	0.0	25.5
	Delta, CO	4,384	2 in 60 miles or 60 mins	14	313.1	4,384	100.0	0	0.0	6.4
	Eagle, CO	4,116	2 in 60 miles or 60 mins	1	4,116.0	4,116	100.0	0	0.0	16.5
	Fremont, CO	36	2 in 60 miles or 60 mins	2	18.0	36	100.0	0	0.0	6.9
	Garfield, CO	8,074	2 in 60 miles or 60 mins	4	2,018.5	8,074	100.0	0	0.0	19.1
	Grand, CO	865	2 in 60 miles or 60 mins	0	---	865	100.0	0	0.0	31.6
	La Plata, CO	5,265	2 in 60 miles or 60 mins	21	250.7	5,265	100.0	0	0.0	8.9
	Lake, CO	195	2 in 60 miles or 60 mins	2	97.5	195	100.0	0	0.0	2.2
	Larimer, CO	26,315	2 in 60 miles or 60 mins	97	271.3	26,315	100.0	0	0.0	3.2
	Logan, CO	38	2 in 60 miles or 60 mins	7	5.4	38	100.0	0	0.0	2.7
	Mesa, CO	20,098	2 in 60 miles or 60 mins	26	773.0	20,098	100.0	0	0.0	4.1
	Montezuma, CO	4,339	2 in 60 miles or 60 mins	7	619.9	4,339	100.0	0	0.0	7.6
	Montrose, CO	6,175	2 in 60 miles or 60 mins	29	212.9	6,175	100.0	0	0.0	4.1
	Morgan, CO	53	2 in 60 miles or 60 mins	12	4.4	53	100.0	0	0.0	6.0
	Otero, CO	■	2 in 60 miles or 60 mins	2	■	■	100.0	0	0.0	3.9

Peds Psych Prescribers

		Member	Provider	Counts	Ratio Members	With Access		Without Access		Average Distance
County Class	**County**	**#**	**Standard**	**#**	**to Providers**	**#**	**%**	**#**	**%**	**1**
Rural	Ouray, CO	257	2 in 60 miles or 60 mins	7	36.7	257	100.0	0	0.0	7.1
	Park, CO	213	2 in 60 miles or 60 mins	2	106.5	213	100.0	0	0.0	7.0
	Phillips, CO	■	2 in 60 miles or 60 mins	5	■	■	100.0	0	0.0	16.5
	Pitkin, CO	577	2 in 60 miles or 60 mins	0	---	577	100.0	0	0.0	23.7
	Prowers, CO	■	2 in 60 miles or 60 mins	0	---	■	100.0	0	0.0	53.5
	Rio Grande, CO	■	2 in 60 miles or 60 mins	0	---	■	61.5	■	■	56.2
	Routt, CO	1,277	2 in 60 miles or 60 mins	2	638.5	1,277	100.0	0	0.0	7.9
	Summit, CO	1,726	2 in 60 miles or 60 mins	4	431.5	1,726	100.0	0	0.0	4.0
Urban	Adams, CO	611	2 in 30 miles or 30 mins	147	4.2	610	99.8	■	■	4.1
	Arapahoe, CO	345	2 in 30 miles or 30 mins	87	4.0	338	98.0	■	■	3.8
	Boulder, CO	678	2 in 30 miles or 30 mins	100	6.8	678	100.0	0	0.0	2.8
	Broomfield, CO	32	2 in 30 miles or 30 mins	12	2.7	32	100.0	0	0.0	2.3
	Clear Creek, CO	■	2 in 30 miles or 30 mins	0	---	■	100.0	0	0.0	19.3
	Denver, CO	438	2 in 30 miles or 30 mins	30	14.6	438	100.0	0	0.0	1.9
	Douglas, CO	81	2 in 30 miles or 30 mins	29	2.8	81	100.0	0	0.0	2.6
	El Paso, CO	365	2 in 30 miles or 30 mins	37	9.9	364	99.7	■	■	3.5
	Elbert, CO	■	2 in 30 miles or 30 mins	7	■	■	100.0	0	0.0	10.7
	Gilpin, CO	■	2 in 30 miles or 30 mins	0	---	■	100.0	0	0.0	17.8
	Jefferson, CO	251	2 in 30 miles or 30 mins	24	10.5	251	100.0	0	0.0	2.5
	Pueblo, CO	88	2 in 30 miles or 30 mins	13	6.8	87	98.9	■	■	3.1
	Teller, CO	■	2 in 30 miles or 30 mins	2	■	■	100.0	0	0.0	9.2
	Weld, CO	4,976	2 in 30 miles or 30 mins	16	311.0	4,965	99.8	■	■	5.7
Grand Totals		4,960	2 in 90 miles or 90 mins	78	63.6	4,958	99.9	■	■	14.0
		85,801	2 in 60 miles or 60 mins	255	336.5	85,784	99.9	■	■	6.9
		7,924	2 in 30 miles or 30 mins	504	15.7	7,903	99.7	■	■	4.8

Peds Mental Health Providers

July 31, 2023

Access Analysis
  RAE Pediatric Mental Health Provider

Member / Provider Groups
  RAE Members - Peds (RAE Service Area - BH)
    RAE Peds Mental Hlth Prov

County Class	County	Member #	Provider Standard	Counts #	Ratio Members to Providers	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1
Frontier	Bent, CO	■	2 in 90 miles or 90 mins	0	---	■	100.0	0	0.0	18.3
	Cheyenne, CO	■	2 in 90 miles or 90 mins	4	■	■	100.0	0	0.0	10.5
	Costilla, CO	■	2 in 90 miles or 90 mins	0	---	■	100.0	0	0.0	22.0
	Custer, CO	■	2 in 90 miles or 90 mins	10	■	■	100.0	0	0.0	1.7
	Dolores, CO	289	2 in 90 miles or 90 mins	27	10.7	289	100.0	0	0.0	5.4
	Gunnison, CO	1,165	2 in 90 miles or 90 mins	69	16.9	1,165	100.0	0	0.0	4.1
	Hinsdale, CO	63	2 in 90 miles or 90 mins	0	---	63	100.0	0	0.0	20.0
	Huerfano, CO	■	2 in 90 miles or 90 mins	21	■	■	100.0	0	0.0	7.8
	Jackson, CO	121	2 in 90 miles or 90 mins	0	---	121	100.0	0	0.0	38.2
	Kiowa, CO	■	2 in 90 miles or 90 mins	0	---	■	100.0	0	0.0	32.7
	Las Animas, CO	■	2 in 90 miles or 90 mins	4	■	■	100.0	0	0.0	6.8
	Lincoln, CO	■	2 in 90 miles or 90 mins	5	■	■	100.0	0	0.0	7.1
	Mineral, CO	■	2 in 90 miles or 90 mins	0	---	■	100.0	0	0.0	39.3
	Moffat, CO	1,945	2 in 90 miles or 90 mins	17	114.4	1,945	100.0	0	0.0	3.2
	Rio Blanco, CO	752	2 in 90 miles or 90 mins	2	376.0	752	100.0	0	0.0	21.8
	Saguache, CO	■	2 in 90 miles or 90 mins	1	■	■	100.0	0	0.0	19.1
	San Juan, CO	73	2 in 90 miles or 90 mins	0	---	73	100.0	0	0.0	14.9
	San Miguel, CO	443	2 in 90 miles or 90 mins	68	6.5	443	100.0	0	0.0	3.0
	Sedgwick, CO	■	2 in 90 miles or 90 mins	4	■	■	100.0	0	0.0	5.9
	Washington, CO	■	2 in 90 miles or 90 mins	4	■	■	100.0	0	0.0	5.1
	Yuma, CO	■	2 in 90 miles or 90 mins	9	■	■	100.0	0	0.0	4.7
Rural	Alamosa, CO	■	2 in 60 miles or 60 mins	19	■	■	100.0	0	0.0	3.0
	Archuleta, CO	1,681	2 in 60 miles or 60 mins	36	46.7	1,681	100.0	0	0.0	4.6
	Chaffee, CO	34	2 in 90 miles or 60 mins	22	1.5	34	100.0	0	0.0	2.6
	Conejos, CO	■	2 in 60 miles or 60 mins	1	■	■	100.0	0	0.0	4.7
	Crowley, CO	■	2 in 60 miles or 60 mins	0	---	■	100.0	0	0.0	25.5
	Delta, CO	4,384	2 in 60 miles or 60 mins	96	45.7	4,384	100.0	0	0.0	2.6
	Eagle, CO	4,116	2 in 60 miles or 60 mins	53	77.7	4,116	100.0	0	0.0	3.0
	Fremont, CO	36	2 in 60 miles or 60 mins	26	1.4	36	100.0	0	0.0	4.6
	Garfield, CO	8,074	2 in 60 miles or 60 mins	40	201.9	8,074	100.0	0	0.0	2.0
	Grand, CO	865	2 in 60 miles or 60 mins	2	432.5	865	100.0	0	0.0	12.8
	La Plata, CO	5,265	2 in 60 miles or 60 mins	162	32.5	5,265	100.0	0	0.0	3.3
	Lake, CO	195	2 in 60 miles or 60 mins	12	16.3	195	100.0	0	0.0	1.8
	Larimer, CO	26,315	2 in 60 miles or 60 mins	1,841	14.3	26,315	100.0	0	0.0	1.2
	Logan, CO	38	2 in 60 miles or 60 mins	13	2.9	38	100.0	0	0.0	2.7
	Mesa, CO	20,098	2 in 60 miles or 60 mins	236	85.2	20,098	100.0	0	0.0	1.5
	Montezuma, CO	4,339	2 in 60 miles or 60 mins	34	127.6	4,339	100.0	0	0.0	6.9
	Montrose, CO	6,175	2 in 60 miles or 60 mins	135	45.7	6,175	100.0	0	0.0	1.7
	Morgan, CO	53	2 in 60 miles or 60 mins	10	5.3	53	100.0	0	0.0	6.0
	Otero, CO	■	2 in 60 miles or 60 mins	8	■	■	100.0	0	0.0	3.7

Peds Mental Health Providers

		Member	Provider	Counts	Ratio Members	With Access		Without Access		Average Distance
County Class	**County**	**#**	**Standard**	**#**	**to Providers**	**#**	**%**	**#**	**%**	**1**
Rural	Ouray, CO	257	2 in 60 miles or 60 mins	35	7.3	257	100.0	0	0.0	3.3
	Park, CO	213	2 in 60 miles or 60 mins	19	11.2	213	100.0	0	0.0	6.2
	Phillips, CO	■	2 in 60 miles or 60 mins	4	■	■	100.0	0	0.0	16.5
	Pitkin, CO	577	2 in 60 miles or 60 mins	13	44.4	577	100.0	0	0.0	3.7
	Prowers, CO	■	2 in 60 miles or 60 mins	2	■	■	100.0	0	0.0	8.6
	Rio Grande, CO	■	2 in 60 miles or 60 mins	0	---	■	100.0	0	0.0	19.7
	Routt, CO	1,277	2 in 60 miles or 60 mins	30	42.6	1,277	100.0	0	0.0	7.2
	Summit, CO	1,726	2 in 60 miles or 60 mins	35	49.3	1,726	100.0	0	0.0	1.7
Urban	Adams, CO	611	2 in 30 miles or 30 mins	479	1.3	610	99.8	■	■	2.2
	Arapahoe, CO	345	2 in 30 miles or 30 mins	897	0.4	340	98.6	■	■	2.4
	Boulder, CO	678	2 in 30 miles or 30 mins	487	1.4	678	100.0	0	0.0	1.3
	Broomfield, CO	32	2 in 30 miles or 30 mins	57	0.6	32	100.0	0	0.0	1.2
	Clear Creek, CO	■	2 in 30 miles or 30 mins	1	■	■	100.0	0	0.0	8.0
	Denver, CO	438	2 in 30 miles or 30 mins	425	1.0	438	100.0	0	0.0	0.7
	Douglas, CO	81	2 in 30 miles or 30 mins	278	0.3	81	100.0	0	0.0	1.4
	El Paso, CO	365	2 in 30 miles or 30 mins	336	1.1	365	100.0	0	0.0	2.5
	Elbert, CO	■	2 in 30 miles or 30 mins	5	■	■	100.0	0	0.0	8.9
	Gilpin, CO	■	2 in 30 miles or 30 mins	0	---	■	100.0	0	0.0	10.3
	Jefferson, CO	251	2 in 30 miles or 30 mins	218	1.2	251	100.0	0	0.0	1.6
	Pueblo, CO	88	2 in 30 miles or 30 mins	81	1.1	87	98.9	■	■	2.1
	Teller, CO	■	2 in 30 miles or 30 mins	25	■	■	100.0	0	0.0	8.7
	Weld, CO	4,976	2 in 30 miles or 30 mins	392	12.7	4,967	99.8	■	■	3.8
Grand Totals		4,960	2 in 90 miles or 90 mins	245	20.2	4,960	100.0	0	0.0	7.8
		85,801	2 in 60 miles or 60 mins	2,884	29.8	85,801	100.0	0	0.0	2.3
		7,924	2 in 30 miles or 30 mins	3,681	2.2	7,908	99.8	■	■	3.1

Peds SUD Providers

July 31, 2023

Access Analysis

RAE Pediatric Substance Use Disorder
Provider

Member / Provider Groups

RAE Members - Peds (RAE Service
Area - BH)

RAE Peds SUD Provs

County Class	County	Member #	Provider Standard	Counts #	Ratio Members to Providers	With Access #	%	Without Access #	%	Average Distance 1
Frontier	Bent, CO	■	2 in 90 miles or 90 mins	1	■	■	100.0	0	0.0	5.4
	Cheyenne, CO	■	2 in 90 miles or 90 mins	2	■	■	100.0	0	0.0	10.5
	Costilla, CO	■	2 in 90 miles or 90 mins	1	■	■	100.0	0	0.0	19.4
	Custer, CO	■	2 in 90 miles or 90 mins	6	■	■	100.0	0	0.0	1.7
	Dolores, CO	289	2 in 90 miles or 90 mins	17	17.0	289	100.0	0	0.0	5.5
	Gunnison, CO	1,165	2 in 90 miles or 90 mins	47	24.8	1,165	100.0	0	0.0	4.1
	Hinsdale, CO	63	2 in 90 miles or 90 mins	0	---	63	100.0	0	0.0	20.0
	Huerfano, CO	■	2 in 90 miles or 90 mins	2	■	■	100.0	0	0.0	8.0
	Jackson, CO	121	2 in 90 miles or 90 mins	0	---	121	100.0	0	0.0	38.6
	Kiowa, CO	■	2 in 90 miles or 90 mins	0	---	■	100.0	0	0.0	32.7
	Las Animas, CO	■	2 in 90 miles or 90 mins	2	■	■	100.0	0	0.0	7.1
	Lincoln, CO	■	2 in 90 miles or 90 mins	2	■	■	100.0	0	0.0	11.3
	Mineral, CO	■	2 in 90 miles or 90 mins	0	---	■	100.0	0	0.0	22.7
	Moffat, CO	1,945	2 in 90 miles or 90 mins	4	486.3	1,945	100.0	0	0.0	4.2
	Rio Blanco, CO	752	2 in 90 miles or 90 mins	0	---	752	100.0	0	0.0	51.6
	Saguache, CO	■	2 in 90 miles or 90 mins	1	■	■	100.0	0	0.0	16.1
	San Juan, CO	73	2 in 90 miles or 90 mins	0	---	73	100.0	0	0.0	15.0
	San Miguel, CO	443	2 in 90 miles or 90 mins	39	11.4	443	100.0	0	0.0	3.8
	Sedgwick, CO	■	2 in 90 miles or 90 mins	2	■	■	100.0	0	0.0	5.9
	Washington, CO	■	2 in 90 miles or 90 mins	2	■	■	100.0	0	0.0	5.1
	Yuma, CO	■	2 in 90 miles or 90 mins	5	■	■	100.0	0	0.0	4.7
Rural	Alamosa, CO	■	2 in 60 miles or 60 mins	19	■	■	100.0	0	0.0	2.7
	Archuleta, CO	1,681	2 in 60 miles or 60 mins	22	76.4	1,681	100.0	0	0.0	4.7
	Chaffee, CO	34	2 in 90 miles or 60 mins	12	2.8	34	100.0	0	0.0	2.9
	Conejos, CO	■	2 in 60 miles or 60 mins	3	■	■	100.0	0	0.0	3.6
	Crowley, CO	■	2 in 60 miles or 60 mins	0	---	■	100.0	0	0.0	34.6
	Delta, CO	4,384	2 in 60 miles or 60 mins	53	82.7	4,384	100.0	0	0.0	5.7
	Eagle, CO	4,116	2 in 60 miles or 60 mins	12	343.0	4,116	100.0	0	0.0	4.5
	Fremont, CO	36	2 in 60 miles or 60 mins	16	2.3	36	100.0	0	0.0	5.5
	Garfield, CO	8,074	2 in 60 miles or 60 mins	9	897.1	8,074	100.0	0	0.0	2.7
	Grand, CO	865	2 in 60 miles or 60 mins	2	432.5	865	100.0	0	0.0	10.8
	La Plata, CO	5,265	2 in 60 miles or 60 mins	74	71.1	5,265	100.0	0	0.0	4.0
	Lake, CO	195	2 in 60 miles or 60 mins	6	32.5	195	100.0	0	0.0	2.2
	Larimer, CO	26,315	2 in 60 miles or 60 mins	342	76.9	26,315	100.0	0	0.0	2.5
	Logan, CO	38	2 in 60 miles or 60 mins	4	9.5	38	100.0	0	0.0	2.6
	Mesa, CO	20,098	2 in 60 miles or 60 mins	73	275.3	20,098	100.0	0	0.0	2.8
	Montezuma, CO	4,339	2 in 60 miles or 60 mins	20	217.0	4,339	100.0	0	0.0	7.2
	Montrose, CO	6,175	2 in 60 miles or 60 mins	92	67.1	6,175	100.0	0	0.0	1.9
	Morgan, CO	53	2 in 60 miles or 60 mins	5	10.6	53	100.0	0	0.0	6.0
	Otero, CO	■	2 in 60 miles or 60 mins	0	---	■	100.0	0	0.0	23.5

Peds SUD Providers

July 31, 2023

Access Analysis
   RAE Pediatric Substance Use Disorder Provider

Member / Provider Groups
   RAE Members - Peds (RAE Service Area - BH)
      RAE Peds SUD Provs

Members With and Without Access										
County Class	County	Member	Provider	Counts	Ratio Members to Providers	With Access		Without Access		Average Distance
		#	Standard	#		#	%	#	%	1
Rural	Ouray, CO	257	2 in 60 miles or 60 mins	22	11.7	257	100.0	0	0.0	3.5
	Park, CO	213	2 in 60 miles or 60 mins	7	30.4	213	100.0	0	0.0	6.8
	Phillips, CO	■	2 in 60 miles or 60 mins	2	■	■	100.0	0	0.0	16.5
	Pitkin, CO	577	2 in 60 miles or 60 mins	2	288.5	577	100.0	0	0.0	6.2
	Prowers, CO	■	2 in 60 miles or 60 mins	1	■	■	100.0	0	0.0	8.6
	Rio Grande, CO	■	2 in 60 miles or 60 mins	3	■	■	100.0	0	0.0	3.0
	Routt, CO	1,277	2 in 60 miles or 60 mins	8	159.6	1,277	100.0	0	0.0	7.7
	Summit, CO	1,726	2 in 60 miles or 60 mins	8	215.8	1,726	100.0	0	0.0	3.7
Urban	Adams, CO	611	2 in 30 miles or 30 mins	44	13.9	610	99.8	■	■	2.2
	Arapahoe, CO	345	2 in 30 miles or 30 mins	195	1.8	338	98.0	■	■	3.3
	Boulder, CO	678	2 in 30 miles or 30 mins	187	3.6	678	100.0	0	0.0	1.9
	Broomfield, CO	32	2 in 30 miles or 30 mins	22	1.5	32	100.0	0	0.0	1.9
	Clear Creek, CO	■	2 in 30 miles or 30 mins	0	---	27	100.0	0	0.0	16.6
	Denver, CO	438	2 in 30 miles or 30 mins	69	6.3	438	100.0	0	0.0	1.6
	Douglas, CO	81	2 in 30 miles or 30 mins	54	1.5	81	100.0	0	0.0	2.7
	El Paso, CO	365	2 in 30 miles or 30 mins	79	4.6	365	100.0	0	0.0	3.1
	Elbert, CO	■	2 in 30 miles or 30 mins	2	■	■	100.0	0	0.0	11.1
	Gilpin, CO	■	2 in 30 miles or 30 mins	0	---	6	100.0	0	0.0	17.3
	Jefferson, CO	251	2 in 30 miles or 30 mins	42	6.0	251	100.0	0	0.0	1.9
	Pueblo, CO	88	2 in 30 miles or 30 mins	42	2.1	87	98.9	■	■	3.3
	Teller, CO	■	2 in 30 miles or 30 mins	8	■	■	100.0	0	0.0	9.0
	Weld, CO	4,976	2 in 30 miles or 30 mins	140	35.5	4,967	99.8	■	■	3.4
Grand Totals		4,960	2 in 90 miles or 90 mins	133	37.3	4,960	100.0	0	0.0	12.7
		85,801	2 in 60 miles or 60 mins	817	105.0	85,801	100.0	0	0.0	3.4
		7,924	2 in 30 miles or 30 mins	884	9.0	7,906	99.8	■	■	3.1

UnitedHealthcare®
Community Plan

Network Analysis
PRIME Network
JULY 2023

July 31, 2023

Adult Primary Care

		Member	Provider	Counts	Ratio Members	With Access		Without Access		Average Distance
County Class	County	#	Standard	#	to Providers	#	%	#	%	1
Frontier	Gunnison, CO	2,125	2 in 60 miles or 60 mins	23	92.4	2,125	100.0	0	0.0	4.1
	Rio Blanco, CO	821	2 in 60 miles or 60 mins	26	31.6	821	100.0	0	0.0	3.3
	San Miguel, CO	787	2 in 60 miles or 60 mins	12	65.6	787	100.0	0	0.0	4.1
Rural	Delta, CO	6,124	2 in 45 miles or 45 mins	67	91.4	6,124	100.0	0	0.0	2.6
	Garfield, CO	7,016	2 in 45 miles or 45 mins	164	42.8	7,016	100.0	0	0.0	2.3
	Mesa, CO	27,198	2 in 45 miles or 45 mins	339	80.2	27,198	100.0	0	0.0	3.1
	Montrose, CO	7,262	2 in 45 miles or 45 mins	62	117.1	7,254	99.9	▮	▮	4.6
	Ouray, CO	498	2 in 45 miles or 45 mins	6	83.0	498	100.0	0	0.0	6.6
	Pitkin, CO	1,080	2 in 45 miles or 45 mins	29	37.2	1,080	100.0	0	0.0	2.6
Grand Totals		3,733	2 in 60 miles or 60 mins	61	61.2	3,733	100.0	0	0.0	3.9
		49,178	2 in 45 miles or 45 mins	667	73.7	49,170	99.9	▮	▮	3.2

Peds Primary Care

July 31, 2023

Access Analysis
  PRIME Pediatric Primary Care
  Providers

Member / Provider Groups
  PRIME Members - Peds (PRIME
  Service Area)
    PRIME Pediatric Primary Care
    Providers

County Class	County	Member #	Provider Standard	Counts #	Ratio Members to Providers	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1
Frontier	Gunnison, CO	42	2 in 60 miles or 60 mins	11	3.8	42	100.0	0	0.0	2.4
	Rio Blanco, CO	■	2 in 60 miles or 60 mins	13	■	■	100.0	0	0.0	2.2
	San Miguel, CO	■	2 in 60 miles or 60 mins	6	■	■	100.0	0	0.0	5.0
Rural	Delta, CO	194	2 in 45 miles or 45 mins	41	4.7	194	100.0	0	0.0	2.3
	Garfield, CO	168	2 in 45 miles or 45 mins	102	1.6	168	100.0	0	0.0	1.8
	Mesa, CO	585	2 in 45 miles or 45 mins	196	3.0	585	100.0	0	0.0	2.8
	Montrose, CO	135	2 in 45 miles or 45 mins	39	3.5	131	97.0	■	■	4.3
	Ouray, CO	■	2 in 45 miles or 45 mins	3	■	■	100.0	0	0.0	9.0
	Pitkin, CO	■	2 in 45 miles or 45 mins	14	■	■	100.0	0	0.0	3.1
Grand Totals		71	2 in 60 miles or 60 mins	30	2.4	71	100.0	0	0.0	3.1
		1,107	2 in 45 miles or 45 mins	395	2.8	1,103	99.6	■	■	2.8

Gyn OBGYN

Access Analysis
  PRIME OBGYN Providers

Member / Provider Groups
  PRIME Members - Female (PRIME
  Service Area)
    PRIME OBGYN Providers

County Class	County	Member #	Provider Standard	Counts #	Ratio Members to Providers	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1
Frontier	Gunnison, CO	1,089	2 in 60 miles or 60 mins	2	544.5	1,089	100.0	0	0.0	4.3
	Rio Blanco, CO	461	2 in 60 miles or 60 mins	0	---	267	57.9	194	42.1	51.1
	San Miguel, CO	397	2 in 60 miles or 60 mins	0	---	397	100.0	0	0.0	39.9
Rural	Delta, CO	3,437	2 in 45 miles or 45 mins	9	381.9	3,437	100.0	0	0.0	11.0
	Garfield, CO	4,095	2 in 45 miles or 45 mins	25	163.8	4,095	100.0	0	0.0	6.3
	Mesa, CO	15,217	2 in 45 miles or 45 mins	57	267.0	15,216	99.9	■	■	4.5
	Montrose, CO	4,026	2 in 45 miles or 45 mins	10	402.6	3,916	97.3	110	2.7	7.0
	Ouray, CO	281	2 in 45 miles or 45 mins	0	---	281	100.0	0	0.0	27.1
	Pitkin, CO	536	2 in 45 miles or 45 mins	6	89.3	536	100.0	0	0.0	4.0
Grand Totals		1,947	2 in 60 miles or 60 mins	2	973.5	1,753	90.0	194	10.0	22.7
		27,592	2 in 45 miles or 45 mins	107	257.9	27,481	99.6	111	0.4	6.2

Adult Specialists

July 31, 2023

Access Analysis
  PRIME Adult Specialty Providers

Member / Provider Groups
  PRIME Members - Adult (PRIME
  Service Area)

    PRIME Adult Specialty Providers

Members With and Without Access						With Access		Without Access		Average Distance
County Class	County	Member #	Provider Standard	Counts #	Ratio Members to Providers	#	%	#	%	1
Frontier	Gunnison, CO	2,125	2 in 100 miles or 100 mins	25	85.0	2,125	100.0	0	0.0	4.2
	Rio Blanco, CO	821	2 in 100 miles or 100 mins	20	41.1	821	100.0	0	0.0	22.7
	San Miguel, CO	787	2 in 100 miles or 100 mins	3	262.3	787	100.0	0	0.0	14.9
Rural	Delta, CO	6,124	2 in 60 miles or 60 mins	23	266.3	6,124	100.0	0	0.0	11.0
	Garfield, CO	7,016	2 in 60 miles or 60 mins	110	63.8	7,016	100.0	0	0.0	3.1
	Mesa, CO	27,198	2 in 60 miles or 60 mins	201	135.3	27,198	100.0	0	0.0	3.7
	Montrose, CO	7,262	2 in 60 miles or 60 mins	36	201.7	7,261	99.9	▮	■	6.5
	Ouray, CO	498	2 in 60 miles or 60 mins	0	---	498	100.0	0	0.0	15.4
	Pitkin, CO	1,080	2 in 60 miles or 60 mins	29	37.2	1,080	100.0	0	0.0	4.1
Grand Totals		3,733	2 in 100 miles or 100 mins	48	77.8	3,733	100.0	0	0.0	10.5
		49,178	2 in 60 miles or 60 mins	399	123.3	49,177	99.9	▮	■	5.1

Peds Specialists

		Members With and Without Access									
County Class	**County**	**Member**	**Provider**	**Counts**	**Ratio Members to Providers**	**With Access**		**Without Access**		**Average Distance**
		#	**Standard**	**#**		**#**	**%**	**#**	**%**	**1**
Frontier	Gunnison, CO	42	2 in 100 miles or 100 mins	25	1.7	42	100.0	0	0.0	2.8
	Rio Blanco, CO	■	2 in 100 miles or 100 mins	20	—■	■	100.0	0	0.0	27.1
	San Miguel, CO	■	2 in 100 miles or 100 mins	3	■	■	100.0	0	0.0	13.8
Rural	Delta, CO	194	2 in 60 miles or 60 mins	23	8.4	194	100.0	0	0.0	8.1
	Garfield, CO	168	2 in 60 miles or 60 mins	115	1.5	168	100.0	0	0.0	3.2
	Mesa, CO	585	2 in 60 miles or 60 mins	211	2.8	585	100.0	0	0.0	3.6
	Montrose, CO	135	2 in 60 miles or 60 mins	36	3.8	135	100.0	0	0.0	5.5
	Ouray, CO	■	2 in 60 miles or 60 mins	0	---	■	100.0	0	0.0	15.1
	Pitkin, CO	■	2 in 60 miles or 60 mins	29	■	■	100.0	0	0.0	4.3
Grand Totals		71	2 in 100 miles or 100 mins	48	1.5	71	100.0	0	0.0	9.1
		1,107	2 in 60 miles or 60 mins	414	2.7	1,107	100.0	0	0.0	4.7