

## Access to Behavioral Health Providers

The RAEs are required to establish and maintain a statewide network of behavioral health providers that spans inpatient, outpatient, laboratory, and all other covered mental health and substance use disorder services. RAEs contract with independent providers as well as community mental health centers, federally qualified health centers, hospitals, substance use disorder providers, rural health centers, non-physician provider groups and providers employed by a primary care medical provider. Network adequacy standards are governed by state and federal law.



## Focus on Quality Instead of Quantity

- Adequacy is not just based on “willing” providers, it is also based on quality metrics and the service type needed. The RAEs assess their population and current network needs to identify where additional providers are needed.
- While it is important to recognize that quantity does not equate to quality, there is no area in the state of Colorado that has a service ratio of 1:1800, and the RAEs are unaware of providers leaving Colorado’s Medicaid program.
- The RAEs are required to develop and maintain a sufficient network of providers which includes providers with specialized training and expertise across all ages, levels of ability, gender identities, cultural identities, limited English proficiency, and members with physical or mental disabilities.
  - The RAEs are prohibited from discriminating against providers serving high-risk populations or who specialize in conditions that require costly treatment.
  - If the RAE declines to include individual providers or groups of providers in their network, the RAEs must provide HCPF with written notice of the reason in accordance with the RAE’s policies and procedures upon request.

1. Ibid  
2. HCPF: Health First Colorado Managed Care Contracts

## Time and Distance Standards for Receiving Care

RAEs are required to ensure its provider network is sufficient and that services are provided to members within specific timeframes. These timelines include:

Emergency Behavioral Health Care	<ul style="list-style-type: none"> <li>• By phone within 15 minutes after the initial contact;</li> <li>• In person within 1 hour of contact in urban areas;</li> <li>• In person 2 hours after contact in rural areas.</li> </ul>
Colorado Medicaid Network Adequacy Standards for Behavioral Health Services	<ul style="list-style-type: none"> <li>• Within 7 days after a member's request.</li> <li>• RAEs cannot place members on waiting lists for initial visits</li> </ul>

## Responsibilities of RAEs to Ensure Members Have Access to Care

The RAEs are required to take necessary actions to ensure that all primary care, care coordination, and behavioral health services are provided to members with reasonable promptness, including:

- Utilizing out-of-network providers.
- Using financial incentives to induce network or out-of-network providers to accept members.
- Establishing policies and procedures with other RAEs to ensure continuity of care for all members transitioning to another RAE to ensure the member's services will not be disrupted or delayed.
- Guaranteeing that a member's services are not disrupted or delayed. This includes ensuring RAEs have a system in place for monitoring patient load in their provider network and recruiting providers as necessary to assure adequate access to all covered services.
- RAEs are required to notify HCPF, in writing, if an unexpected or anticipated material change occurs to the RAE's network or a network deficiency that could affect service delivery, availability or capacity within the provider network. The notice must include:
  - A plan to minimize disruption to the members' care and service delivery.
  - A plan to correct any network deficiency.
  - Report to HCPF within five days network changes or deficiencies.
- Members may request and receive a second opinion from a qualified health care professional through a network of affiliated providers or through covered services outside of the network if the RAE is unable to provide services to a particular member within its network.



3. Ibid

4. HCPF: Health First Colorado Provider Network Standards

5. HCPF: Accountable Care Collaborative Deliverables

# Behavioral Health Network Time and Distance Standards

RAEs are required in their contracts to ensure that their behavioral health network has a sufficient number of providers so that each member has their choice of at least two behavioral health providers within their zip code or within the maximum distance for their county classification. For rural and frontier areas, HCPF may adjust the requirement based on the number and location of available providers. [1]



Required Providers	Urban County		Rural County		Frontier County	
	Maximum Time (min)	Minimum Time (min)	Maximum Time (min)	Minimum Time (min)	Maximum Time (min)	Minimum Time (min)
Hospitals (acute care)	20	20	30	30	60	60
Psychiatrists and other psychiatric prescribers, for adults	30	30	60	60	90	90
Psychiatrists and other psychiatric prescribers; serving children	30	30	60	60	90	90
Mental Health Provider; serving children	30	30	60	60	90	90
Mental Health Provider; serving adults	30	30	60	60	90	90
Mental Health Provider; serving children	30	30	60	60	90	90
Substance Use Disorder Provider; serving adults	30	30	60	60	90	90
Substance Use Disorder Provider; serving children	30	30	60	60	90	90

1. [Health First Colorado Provider Network Standards](#)

## RAE Network Adequacy Reporting

- The RAEs are required to generate an annual Network Adequacy report and quarterly Network Adequacy Reports for each applicable line of business (CHP+MCO, Medicaid MCO, and RAE), as well as reports detailing compliance with state and federal requirements. The RAEs must use HCPF's approved template to ensure consistent data collection across the RAEs.
- The RAEs are supportive of HCPF publishing Network Adequacy Reports and compliance reports.
- Required annual and quarterly reports from the RAEs include: [1]
  - Network Adequacy Plan: The RAE's strategy to ensure members can access services and comply with federal and contracted network access and adequacy requirements.
  - Network Adequacy Quarterly Reports: Detailed information about how contracted behavioral health providers are able to serve Medicaid members.
  - Practice Support Plan: The RAEs' strategies to support network providers in improving the delivery of care and advancing practice capabilities.
  - Administrative Payment Report: The RAEs' strategies to implement quality assessment and performance improvement programs.
  - Quality Improvement Plan: Information regarding the different payment arrangements the RAEs have with contracted providers, including value-based payment strategies.
- HCPF changed the format for the Network Adequacy reports recently and, therefore some of the counts have looked dramatically differently although there have not been significant changes to networks.

## Provider Waitlists

- Provider contracts clearly stipulate that providers are to alert the RAE if the provider cannot provide care to a Medicaid member and the RAE will ensure the patient is referred to another provider.

Creating waitlists is a violation of a provider's contract with the RAE and it hinders the ability of a Medicaid member to get necessary and timely care.

- It is the responsibility of the provider to ensure that all information regarding their offered services has been submitted and approved by HCPF. It is also the responsibility of the provider to ensure that all information that each RAE has on file is accurate, up to date, and approved by the State of Colorado.
- Based on the most recent quarterly network adequacy reports to HCPF (2021), all RAE regions saw increases in the number of behavioral providers from the previous quarter totaling 32,503 behavioral health providers. Of those providers, 26,075 are accepting new Medicaid members.



1. HCPF: [Accountable Care Collaborative Deliverables](#)  
 2. HCPF: [Network Adequacy Plan and Quarterly Reports](#)

Karlee: 2nd hyperlink provided in email goes to same as first. Also not seeing the {2} called out above.