NETWORK MANAGEMENT POLICY

Title:		Policy Number:	
Network Management Policy		Policy Number: 01	
Responsible Department:	**Author:**	**Approver:**	
Network Management	Alma Mejorado Director of Network Contracts	Cara Hebert Community and Provider Relations Director	
Original effective date:	**Date of policy retirement:**	**Last revision date:**	**Last reviewed/ approval date:**
06/01/2025	N/A	N/A	05/29/2025
Applicability			
☒NHP Staff (including contractors) ☒NHP Providers ☒NHP State Contract Requirements (Local or Federal Requirements) ☒NHP Rocky Mountain Health Plans Contract Requirements	Policy applies to: Network Management PCMP Contracting and Recruiting BH Contracting and Credentialing Access to Care Network Monitoring RMHP Contractual Agreements		
Regulatory Information / Resources and References			
Federal or state regulations and/or accreditation requirements: Network Adequacy	Applies to NCQA Accreditation Requirements		

I. OVERVIEW

Northeast Health Partners (NHP) is responsible for creating, administering, and maintaining a network of Primary Care Medical Providers (PCMPs) and a network of Behavioral Health (BH) providers, building on the Department's current network of Medicaid Providers, to serve the needs of Health First Colorado members assigned to it as the Regional Accountable Entity (RAE).

NHP has delegated the functions of creating, administering and maintaining a network of Behavioral Health (BH) providers to Rocky Mountain Health Plan, henceforth referred to as ¨Delegate Entity¨. NHP will oversee and monitor the compliance with this function as noted in Delegation Oversight Policy.

NHP will retain full responsibility for creating, administering, and maintaining a network of Primary Care Medical Providers (PCMPs).

II. PURPOSE

NHP has a responsibility to create guidelines for maintaining and adequate networks of PCMPs and behavioral health providers directly or through its delegated entity to meet access to care standards for Members.

IIII. POLICY

A. NHP, directly or through its delegated entity, will maintain a service delivery system that includes mechanisms for ensuring Member access to high-quality, general and specialized care, from comprehensive and integrated Network Providers.
B. NHP will ensure that its contracted networks can serve all Members, including contracting Network Providers with specialized training and expertise across all ages, levels of ability, gender identities, languages, sexual orientation, and cultural identities.
C. NHP will contract with any willing PCMP that meets Medicaid requirements. NHP will also contract with all the following list of safety net providers: Comprehensive Safety Net Providers, Federally Qualified Health Center, Rural Health Center, Comprehensive Providers, Essential Behavioral Health Safety Net Providers, SUD Providers at each level defined by ASAM, School Based Health Centers, and Indian Health Care Provider. Additionally, NHP will maintain an open network for Essential Community Providers; providers of High Intensity Outpatient; public and private providers, including independent practitioners; and providers capable of billing both Medicare and Medicaid who meet Medicaid and credentialing requirements.
D. The Network Providers will include practitioners capable of serving members with limited English proficiency and/or physical or mental disabilities. NHP will develop and implement a strategy to recruit and retain qualified, diverse and culturally responsive Providers including, but not limited to, Providers who represent racial and ethnic communities, the diversity of gender and sexual identities, the deaf and hard of hearing community, the disability community, and other culturally diverse communities who may be served. NHP may use mechanisms such as telehealth to address geographic barriers to access clinical Providers from diverse backgrounds.
E. NHP will monitor access to high-quality, general, and specialized care through a comprehensive and integrated provider network. The PCMP and behavioral health networks will be monitored to ensure they meet access to care standards and allow for adequate member choice.
F. NHP requires in the provider contracts that the hours of operation for all network providers are convenient to the population served and do not discriminate against enrollees, adhering to access to care standards when medically necessary. NHP ensures that Health First Colorado members have clinically appropriate and timely access to emergency, urgent, and routine (non-urgent) care within the access standards specified by its contract with the Colorado Department of Health Care Policy & Financing (HCPF).
G. NHP will not restrict the Member's free choice of family planning services and supplies providers. If a female Member's designated primary care physician is not a women's health specialist, NHP will provide the Member with direct access to a women's health specialty within the Provider Network for covered routine and preventative women's health care services.
H. NHP will consider the requirements set forth by 42 C.F.R. § 438.206 when establishing and maintaining the network.

IV. DEFINITIONS

A. Department – Colorado's Department of Health Care Policy and Financing, which is the single state agency that administers Colorado's Medicaid program. Also known as HCPF.
B. Essential Community Providers (ECP) – Providers that historically serve medically needy or medically indigent individuals and demonstrate a commitment to serve low-income and medically indigent populations who comprise a significant portion of the patient population. To be designated an "ECP," the provider must demonstrate that it meets the requirements as defined in 25.5-5-404.2, C.R.S.
C. Member – Any individual enrolled in the Colorado Medicaid program, Colorado's CHP+ program or the Colorado Indigent Care Program, as determined by the Department.

D. Primary Care Medical Provider (PCMP) – A primary care provider contracted with a RAE to participate in the Accountable Care Collaborative as a network provider.
E. Primary Care Medical Provider Practice Site (PCMP Practice Site) – A single "brick and mortar" physical location where services are delivered to Members under a single Medicaid billing Provider identification number.
F. Provider Network: All Primary Care Medical Providers and specialty behavioral health providers contracted with NHP, or through a delegated entity on behalf of NHP, to deliver services within the Accountable Care Collaborative to members.
G. Regional Accountable Entity (RAE) – A single regional entity responsible for implementing the Accountable Care Collaborative within its region.

V. PROCEDURE

A. PCMP Network
    1. NHP will offer contracts to all willing and qualified PCMP Practice Sites located within Contractor's assigned region that meet the criteria for being a PCMP. Contractor shall consider each PCMP Practice Site within a health organization, group, or system as a separate PCMP Practice Site for the purposes of the Contactor's PCMP network.
    2. NHP will only enter into written contracts with PCMPs that meet the following criteria to qualify as a PCMP:
        a. Enrolled as a Colorado Medicaid provider.
        b. Licensed and able to practice in the State of Colorado.
        c. Practitioner holds an MD, DO, or NP provider license.
        d. Practitioner is licensed as one of the following specialties: pediatrics, internal medicine, family medicine, obstetrics and gynecology, or geriatrics.
        e. The practice, agency, or individual provider, as applicable, renders services utilizing one of the following Medicaid Provider types:
            i. Physician (Code 05).
            ii. Osteopath (Code 26).
            iii. Federally Qualified Health Center (Code 32).
            iv. Health Clinic (Code 45).
            v. School Health Clinic (Code 51).
            vi. Family/Pediatric Nurse Practitioner (Code 41).
            vii. Clinic-Practitioner Group (Code 16).
            viii. Non-physician Practitioner Group (Code 25).
        f. Provides Care Coordination.
        g. Provides 24/7 phone coverage with access to a clinician that can triage the Member's health need.
        h. Has adopted and regularly uses universal screening tools including behavioral health screenings, uniform protocols, and guidelines/decision trees/algorithms to support Members in accessing necessary treatments.
        i. Tracks the status of referrals to specialty care providers and provides the clinical reason for the referral along with pertinent clinical information.
        j. Has weekly availability of appointments on a weekend and/or on a weekday outside of typical workday hours (Monday–Friday, 7:30 a.m.–5:30 p.m.) or school hours for School Health Clinics.
        k. Uses available data (e.g., Department claims data, clinical information) to identify special patient populations who may require extra services and support for health or social reasons. Practice must also have procedures to proactively address the identified health needs.

l. Collaborates with Member, family, or caregiver to develop an individual care plan for Members with complex needs.
m. Uses an electronic health record or is working with NHP to share data with Department.

3. NHP will ensure PCMP practice sites are appropriately affiliated with the RAE in the Department's Interchange system.
    a. NHP shall submit, in a manner and format approved by the Department, information relating to all newly contracted PCMP, terminations of PCMPs or other changes to the Department monthly.
4. Reference PCMP Network Development Standard Operating Procedures for more details.

B. Behavioral Health Provider Network
1. NHP delegated to RMHP the function to establish and maintain a statewide network of Behavioral Health Providers that spans inpatient, outpatient, and all other covered mental health and SUD services.
    a. NHP will oversee and monitor the compliance with the functions outlined below as noted in Delegation Oversight Policy.
2. Delegated Entity will be required to maintain a network of Providers that is sufficient to provide adequate access to all services covered under the Capitated Behavioral Health Benefit for all Members, including those with limited English proficiency or physical or mental disabilities in accordance with 42 CFR § 438.206(b)(1). The Delegate will have written contracts with Behavioral Health Providers enrolled as Colorado Medicaid Providers.
3. Delegated Entity will have documented procedures for credentialing and re-credentialing Network Behavioral Health Providers that is publicly available to Providers upon request. The documented procedures shall include timeframes for the credentialing and re-credentialing processes.
    a. Delegated Entity will ensure that all laboratory-testing sites providing services under the Contract have either a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver or a Certificate of Registration along with a CLIA registration number.
    b. Delegated Entity will provide the latest documented policy and procedures to NHP upon request.
4. Delegated Entity will complete the contracting processes or deny network admission within 90 days after the Delegated Entity receives a behavioral health provider's written request to contract with the Delegated Entity to serve NHP Members for at least 90% of all behavioral health provider requests.
    a. Within the 90-day processing timeline, the Delegated Entity shall complete the credentialing and contracting processes or deny network admission within 60 days after receiving a completed application.
    b. Delegated Entity may deny a behavioral health provider's application from the contracting process if a behavioral health provider's application is not complete within 80 days after the it receives a Provider's written request to contract with the Delegated Entity. Delegated Entity will notify the behavioral health provider if the application is not complete prior to denial of the application.
    c. NHP will monitor periodically the contracting process to ensure that providers complete the contracting processes or deny network admissions within established timeframes.
        i. Delegated Entity will notify NHP of any denied network admission including provider demographics and reason for denial.

5. Delegated Entity will complete ninety-nine percent (99%) of all clean credentialing applications filed within 90 days from the date that the clean and complete credentialing application is filed with the Delegated Entity
    a. Delegated Entity will maintain the National Committee for Quality Assurance (NCQA) standards for its credentialing process.
    b. Delegated Entity will maintain an online portal to support credentialing activities as well as a support team.
6. Delegated Entity will enter into Single Case Agreements with willing Providers of behavioral health services enrolled in Colorado Medicaid when the current network cannot provide a covered service within the timeliness standards of this contract and a Member needs access to a medically necessary, covered service.
    a. Delegated Entity will issue periodic SCA reports to NHP.
7. Delegated Entity will not enroll IHCP in its Specialty Behavioral Health Provider Network. NHP will ensure that their Network Providers serve tribal members who seek covered services, as defined in Section 14.5 and Exhibit I of the contract. When Medicaid services are sought from IHCPs, those providers will bill the Department's fiscal agent.
8. NHP will monitor periodically the credentialing and contracting process to ensure that providers complete the credentialing and contracting processes or deny network admissions within established timeframes.
    a. NHP will monitor periodically to ensure the Delegated Entity is meeting requirements and performance guarantees set forth with the Department or on the Statement of Work.

C. Access to Care Standards
1. NHP will ensure that the network of primary care and care coordination are sufficient to meet the requirements for every Member's access to care and allow for adequate Member freedom of choice among Providers.
2. Delegated Entity will ensure that the network of behavioral health providers are sufficient to meet the requirements of every Member´s access to care for behavioral health needs and allow for adequate Member freedom of choice among Providers.
3. NHP and the Delegated Entity will provide the same standard of care to all Members, regardless of eligibility category.
4. NHP and the Delegated Entity will ensure the Provider Network is sufficient to support minimum hours of operation to include service coverage from 8:00 a.m.–5:00 p.m. Mountain Time, Monday through Friday.
5. NHP and the Delegated Entity will ensure the Provider Network provides extended hours, outside the hours from 8:00 a.m. to 5:00 p.m., on evenings and weekends and alternatives for emergency room visits for after- hours urgent care. This will include that evening and weekend support services for Members and families will include access to clinical staff, not just an answering service or referral service staff.
6. NHP and the Delegated Entity will implement a network management process and maintain an up-to-date database or directory of contracted Providers approved to deliver services, which includes all the information listed in Section 7.3.6 of NHP's contract with the Department.
    a. NHP will ensure that the directory is updated at least monthly and will be made available to the Department.
7. NHP and the Delegated Entity will ensure that its network provides 24 hour a day availability of information, referral and treatment of emergency medical conditions in compliance with 42 C.F.R. § 438.3(q)(1).
8. NHP and the Delegated Entity will ensure that its Provider Networks comply with the time and distance standards as outlined in the contract with the Department (Section 5.5.7).

9. NHP and the Delegated Entity will ensure that its Provider Networks have a sufficient number of providers so that each Member has their choice of at least two providers within the maximum time or the maximum distance for their county classification.
10. NHP will ensure that its Provider Networks meet the following practitioner to Member ratios:
    a. Adult primary care Providers: One practitioner per 1,200 adult Members.
    b. Mid-level adult primary care Providers: One practitioner per 1,200 adult Members.
    c. Pediatric primary care Providers: One PCMP Provider per 1,200 child Members.
11. Delegated Entity will ensure that its Provider Networks meet the following practitioner to Member ratios:
    a. Adult mental health Providers: One practitioner per 1,200 adult Members.
    b. Pediatric mental health Providers: One practitioner per 1,200 child Members.
    c. Adult SUD Providers: One practitioner per 1,200 adult Members.
    d. Pediatric SUD Providers: One practitioner per 1,200 child Members
12. NHP will maintain sufficient IHCPs in the PCMP Network to ensure timely access to care for Indian or Tribal Members who are eligible to receive services from such Providers, in accordance with the American Recovery and Reinvestment Act of 2009.
    a. Indian or Tribal Members eligible to receive services from an IHCP in the PCMP Network are permitted to choose that IHCP as their PCMP, as long as that IHCP has the capacity to provide services.
13. NHP and the Delegated Entity will ensure its Provider Network is sufficient so that services are provided to Members on a timely basis, as follows:
    a. Urgent Care – within 24 hours after the initial identification of need.
    b. Outpatient Follow-up Appointments – within seven days after discharge from a hospitalization.
    c. Non-urgent, Symptomatic Care Visit – within seven days after the request.
    d. Well Care Visit – within one month after the request; unless an appointment is required sooner to ensure the provision of screenings in accordance with Department's accepted Bright Futures schedule.
14. Delegated Entity will follow timeliness standards as applied to the Capitated Behavioral Health Benefit:
    a. Emergency Behavioral Health Care – by phone within 15 minutes after the initial contact, including TTY accessibility; in person within one hour of contact in Urban and suburban areas, in person within two hours after contact in Rural and Frontier areas.
    b. Non-urgent, Symptomatic Behavioral Health Services – within seven days after a Member's request.
        i. Delegated Entity will not consider administrative intake appointments or group intake processes as a treatment appointment for non-urgent, symptomatic care.
    c. Delegated Entity will not place Members on waiting lists for initial routine service requests.
15. NHP will take actions necessary to ensure that all primary care, Care Coordination, and behavioral health services covered under this Contract are provided to Members with reasonable promptness, including but not limited to the following:
    a. Utilizing out-of-network providers.

b. Using financial incentives to induce network or out-of-network Providers to accept Members.

16. NHP will establish policies and procedures with other RAEs to ensure continuity of care for all Members transitioning into or out of NHP's enrollment, guaranteeing that a Member's services are not disrupted or delayed.
17. NHP will provide for a second opinion from a Network Provider or arrange for the Member to obtain a second opinion outside the network, at no cost to the Member.

D. Monitoring and Notification

1. NHP and the Delegated Entity will require Network Providers to notify of any provider, practice or practitioner changes within the timeframe in accordance with their agreement. NHP and Delegated Entity will monitor any changes that may impact the network adequacy. Reference Provider Termination Policy for more details.
2. NHP will use GeoAccess or a comparable service to measure the distance between the Members and the Network Providers in NHP´s assigned region.
    a. NHP will document any instance of a network gap and work to fill the gap. For the behavioral health network, RMHP will report to NHP on-going efforts to contract with sufficient providers to meet the standards.
    b. Should the network gap remain unmet, NHP may request a County Service Exception from the maximum time and distance standards when a county has insufficient number of providers or facilities to meet the standard network adequacy requirements for a specific provider type.
3. NHP will use analytical tools to measure practitioner to member ratios.
    a. In the event that there are less than two practitioners that meet the Provider Type standards within the defined area for a specific Member, then NHP will notify the Department for NHP not be bound by the requirements for that Member.
4. NHP will monitor the network of PCMPs to ensure they meet access to care standards. The Delegated Entity will monitor the network of BH providers to ensure they meet access to care standards.
    a. NHP will adhere to the Department's
    b. Delegated Entity will conduct periodic reports to NHP on results of the monitoring activities and efforts to improve access to care, when appropriate.
    c. Reference Access to Care Oversight Standard Operation Procedure for more details.
5. NHP will notify the Department, in writing, of NHP's knowledge of an unexpected or anticipated material change to the network or a network deficiency that could affect service delivery, availability or capacity within the provider network.
    a. Delegated Entity will notify NHP of changes that meet requirement to enable NHP to conduct timely and accurate reporting.
    b. The network changes and deficiencies notice will be submitted within five business days after NHP´s knowledge and will include:
        i. Information describing how the change will affect service delivery.
        ii. Availability, or capacity of covered services.
        iii. A plan to minimize disruption to the Members' care and service delivery.
        iv. Strategy to provide status updates to the Department.
6. NHP will create a Network Adequacy Plan as part of the Annual Contracted Network Management Strategic Plan with the information outlined in the Contract (Section 5.6). NHP will deliver the Network Adequacy Report in a quarterly basis in a manner and format approved by the Department.

   a. Delegated Entity will provide data, analysis and content appropriate for the completion of the deliverables.
   b. Reference Network Adequacy Plan and Report Standard Operation Procedure for more details.
7. NHP will submit to the Department a service Provider roster file on the last business day of the month in a format determined by the Department.
   a. Delegated Entity will provide data appropriate for the completion of the deliverables.
   b. Reference Network Directory Policy for more details.

VI. Enforcement

Any Staff found to have violated this policy may be subject to disciplinary action, up to and including termination.

VII. Distribution

This policy is to be distributed to all NHP Staff and Delegated Entity.

Policy Revision History

Version	Date	Description	Approved By
1	5/29/2025	New Policy	Cara Hebert

References:
Delegation Oversight Policy
Network Directory Policy
Provider Termination Policy
PCMP Network Development Standard Operating Procedure
Access to Care Oversight Standard Operating Procedure