

**Rocky Mountain
Health Plans**

2017

New West Focus

Network

ACCESS

PLAN

Table of Contents

Definitions	1
Network of Acute Care Hospitals, Primary Care Physicians and Specialists	2
Counties included in the NWF Network Service area	3
The NWF Network currently consists of the following participating providers.....	3
Map of New West Focus Service Area	3
Procedures for Making Referrals Within and Outside the NWF Network	3
Comprehensive List of Providers	3
In-Network Services	4
Out-of-Network/Out-of-Plan Services	4
Timeliness of Preauthorization for Out-of-Network Specialty Care	5
Retrospective Denial of Out-Of-Network Service	5
Process for Monitoring and Assuring Network Sufficiency	5
Access to Care.....	5
Target Provider to Member Ratios	6
Availability (Appointment Wait Times) and Access (Geographic Distribution):	6
Geographic Access:.....	6
Appointment Wait Times:.....	8
Quality Improvement Program	9
Goals of Quality Improvement Program.....	9
Objective of Quality Improvement Program	10
The RMHP QI Program includes but is not limited to the following activities.....	10
Continuity of Care	10
Addressing the Needs of Members.....	11
Members with Limited English Proficiency and Illiteracy.....	11
Members with Complex Medical and Social Needs	11
Health Care Needs Assessment, Outcomes, and Evaluation.....	11
Determining Members' Health Care Needs.....	12
Tracking and Assessing Clinical Outcomes from Network Services	12
Evaluating Consumer Satisfaction with Services Provided.....	12
Informing Members of Plan Services and Features	12
Grievance and Appeal Procedures.....	12
Availability of Specialty Medical Services.....	12
Process for Selecting and Changing Network Providers	12
Procedure for Providing Urgent and Emergent Medical Care	13
Emergency/Life and Limb-Threatening Care and Urgent Care.....	13

Medical Care 13
Coordination of Care, Referrals to Specialty Providers 13
Process for Changing Primary Care Physicians 13
Continuity of Care in the Event of Contract Termination or Insolvency 14
Provisions in the Event of Contract Termination or Insolvency 14
Language Taglines 15
Exhibit A 16
 Network Adequacy Strategic Plan..... 16

This New West Focus Network (NWF) Access Plan (Access Plan) contains general information regarding the Rocky Mountain Health Maintenance Organization, Inc. (RMHP, dba Rocky Mountain Health Plans or RMHP) the NWF Network and certain policies and procedures of RMHP. The Access Plan is not and in no event shall be construed as a contract between RMHP and members covered under NWF Network plans, nor does it grant any rights, privileges, or benefits to any person. Rights and responsibilities of members covered under RMHP NWF Network plans are governed by the member Evidence of Coverage (EOC), whether such provisions are also specified or referred to in this Access Plan.

Definitions

Ancillary Product Providers: Companies who provide the following types of products including related technical services: Durable Equipment (Including Braces And Orthotics), Oxygen Suppliers, Medical Supplies, and Miscellaneous Ancillary Products.

Ancillary Service Providers: Providers who provide or perform the following types of services including any related technical services: Podiatry, Physical Therapy (Including Manipulative Therapy, Sports Medicine), Occupational Therapy, Dentists And Oral Surgeons, Clinical Radiology, Clinical Pathology, Speech Therapy, Audiology, Dieticians, Certified Nurse Midwives, and Other Miscellaneous Ancillary Providers.

Behavioral health, mental health, and substance abuse disorder care: Health care services for a range of common mental or behavioral health conditions, or substance abuse disorders provided by a physician or non-physician professionals. (For the purposes of network adequacy measurements, includes the following behavioral health, mental health, and substance abuse disorder care providers: psychiatrists, psychologists, psychotherapists, Licensed clinical social workers, psychiatric practice nurses, Licensed addiction counselors, Licensed marriage and family counselors, and Licensed professional counselors.)

Counties with Extreme Access Considerations (CEAC) : As defined by U.S. Centers for Medicare & Medicaid Services (CMS), with a population density of Less than ten (10) people per square mile, based on U.S. Census Bureau population and density estimates (calendar year 2013).

Emergency services:

1. A medical or mental health screening examination that is within the capability of the emergency department of a hospital or freestanding emergency room, including ancillary services routinely available to the emergency department to evaluate the emergency medical or mental health condition; and
2. Within the capabilities of the staff and facilities available at the hospital, further medical or mental health examination and treatment as required to stabilize the patient to assure, within reasonable medical probability, that no material deterioration of the condition is Likely to result from or occur during the transfer of the individual from a facility, or with respect to an emergency medical condition.

Essential community provider (ECP): A provider that serves predominantly low-income, medically underserved individuals, such as health care providers defined in the federal Law and under part 4 of article 4 of title 25.5, C.R.S.4

High-Impact Specialist: Practitioner types who treat conditions that have high mortality and morbidity rates. NCQA defines these specialty types as Oncologists, OB/Gyn, and Gynecology (for Medicare only).

Institutional Providers: Participating facilities limited to Hospitals, Hospices, Dialysis, Mental Health Facility, and Skilled Nursing Facilities.

Network: A group of participating providers providing services under a managed care plan. Any subdivision or subgrouping of a network is considered a network if covered individuals are restricted to the subdivision or subgrouping for covered benefits under the managed care plan.

Pharmacy Providers: Pharmacy facility that is registered with the State Board of Pharmacy and has obtained all other required state and or federal licenses or registrations. Includes Retail, Long-Term Healthcare, Home Infusion, Specialty and Mail-Order Pharmacies.

Primary care: Health care services for a range of common physical, mental or behavioral health conditions provided by a physician or non-physician primary care provider.

Primary care provider (PCP): A participating health care professional designated by the carrier to supervise, coordinate or provide initial care or continuing care to a covered person, and who may be required by the carrier to initiate a referral for specialty care and maintain supervision of health care services rendered to the covered person. (For the purposes of network adequacy measurements, PCPs for adults and children includes these provider types: Pediatrics, General Practice, Family Medicine, Internal Medicine, Geriatrics, Obstetrician/Gynecologist, Physician Assistants and Nurse Practitioners supervised by, or collaborating with, a primary care physician.)

Specialist: A physician or non-physician health care professional who:

1. Focuses on a specific area of physical, mental or behavioral health or a group of patients; and
2. Has successfully completed required training and is recognized by the state in which he or she practices to provide specialty care.

Specialist includes a subspecialist who has additional training and recognition above and beyond his or her specialty training.

Urgent care facility: A facility or office that generally has extended hours, may or may not have a physician on the premises at all times, and is only able to treat minor illnesses and injuries. Urgent care does not typically have the facilities to handle an emergency condition, which includes Life or Limb threatening injuries or illnesses, as defined under emergency services.

Network of Acute Care Hospitals, Primary Care Physicians and Specialists

The NWF Network is a subset of the larger RMHP provider network. The NWF Network consists of NWF Network PCP and Specialist physicians and ancillary providers only. In addition, members of the NWF Network plans have access to all acute care hospitals, and pharmacies within the larger RMHP service area, which is the entire state of Colorado. Providers within the NWF Network are listed in the NWF Network Provider Directory, which can be obtained by contacting RMHP or visiting www.rmhp.org.

In establishing and maintaining our network of providers, RMHP endeavors to provide care within a reasonable travel time and distance to Members. To achieve this, RMHP contracts with all willing acute care hospitals, primary care physicians (PCPs), specialists and sub-specialists who meet RMHP's credentialing and quality standards within the service area.

RMHP does not use quality measures, member experience measures, or cost-related measures to select practitioners or facilities. In establishing and maintaining our network of providers, RMHP endeavors to provide care within a reasonable travel time and distance to Members.

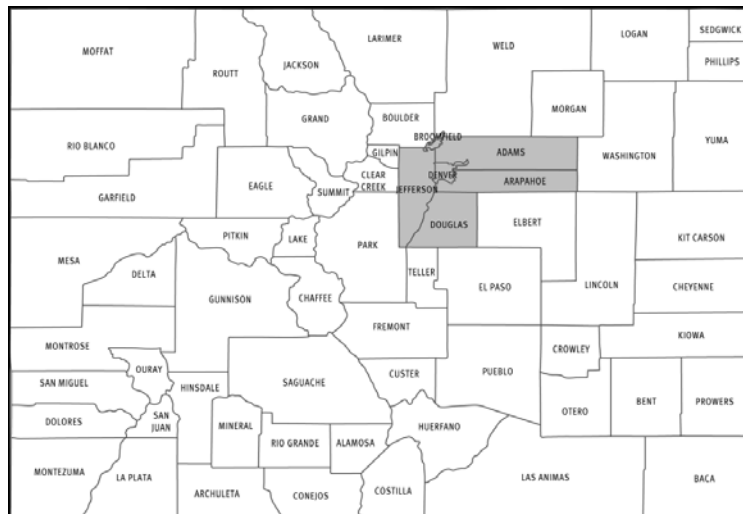
Counties included in the NWF Network Service area (also see map on following page):

- Adams
- Arapahoe
- Broomfield
- Denver
- Douglas
- Jefferson

The NWF Network currently consists of the following participating providers:

57	PCPs
1410	Specialists
74	High Impact Specialists
1664	Behavioral Health Specialists
698	Ancillary Service Providers (DME, Therapists, etc.)
144	Family Planning Services providers (FP, Ob/Gyn, Gyn, FQHC)
426	Institutional Providers
754	Pharmacy Providers

Map of New West Focus Service Area:



RMHP also contracts with providers in neighboring states to help serve Colorado Members in border areas who may have trouble accessing Colorado providers due to winter travel limitations or lack of providers in their area.

Procedures for Making Referrals Within and Outside the NWF Network

Comprehensive List of Providers

The Directory of Participating Physicians and Contracting Providers is available online at rmhp.org. A paper copy of the Directory is available upon request. The directories list our entire network of PCPs, specialists, hospitals and other institutional and ancillary providers, organized by geographic region. The directory listing is incorporated herein by reference. The directories, both online and hardcopy are updated and available to providers for their use in directing RMHMO specialty care.

In-Network Services

Members of the NWF Network plans are able to obtain consultation and treatment from in-network physicians and mid-level providers without a referral from a PCP. The member must be eligible to receive services under an NWF Network health plan at the time services are provided. The services the member receives must be covered services as specified in the member's Evidence of Coverage (EOC).

RMHP offers a nationwide network of physicians, hospitals, and other health care professionals through the First Health network, one of the largest national networks available. Members can get care from a First Health network provider outside of Colorado, and the services will be covered as an in-network benefit. Members can access the First Health Network when traveling, temporarily residing outside Colorado, or when choosing to seek care outside of Colorado.

Except for emergency and urgent care services, and except for dependent children living outside of Colorado who are in the First Health program, members are not covered if they seek services outside of the NWF Network and members are not covered for most services unless they use a participating provider within the NWF Network of providers. When a member uses First Health providers for health care services outside of Colorado, the services will be covered the same as services from other participating providers. Members must continue to use NWF participating providers in the NWF Network when receiving health care services within Colorado.

Out-of-Network/Out-of-Plan Services

The NWF Network Member EOC stipulates that members enrolled in NWF Network plans are restricted to the specific network of providers listed in the NWF Network Provider Directory. Members of these plans may be directed to nonparticipating providers by their PCP, subject to obtaining RMHP's approval, in these circumstances:

- The NWF Network has no participating providers who can provide a specific, medically-necessary covered service;
- Members do not have reasonable access to a participating provider due to distance or travel time; or
- Continuity of care when a new member is receiving frequent and current care from a nonparticipating provider for a special condition, such as chemotherapy, high risk pregnancy or pregnancy beyond the first trimester. Also refer to the Continuity of Care section of this Access Plan for more information.

In each of these cases, RMHP will arrange for authorization of services from a provider with the necessary expertise and ensure that the member obtains the benefit at the same benefit level as if the benefit were obtained from a plan provider. Any such requests must be approved in advance by RMHP prior to the member obtaining health care services. Any authorized care is subject to the conditions and restrictions of the authorization.

Services received from non-participating providers without RMHP's approval are generally not covered except for the following:

- Medical Emergencies or Urgent Care Services
- Immunizations
- Under certain circumstances, when members receive covered services or treatment at a participating Institutional Provider from nonparticipating providers.
- Failure to live in the NWF Network Service Area: If the subscriber does not live in the

NWF Network Service Area, but does live within the State of Colorado, the subscriber and dependent spouse must travel into the NWF Network Service Area to be eligible for benefits under NWF Network plans. This does not include benefits for Medical Emergencies and Urgent Care Services if the subscriber lives in the State of Colorado. If the subscriber lives outside of Colorado, the subscriber and dependents are not eligible for benefits under a NWF Network plan. This paragraph does not apply to dependent children.

Timeliness of Preauthorization for Out-of-Network Specialty Care

Requests for specialty care requiring preauthorization by RMHP will be processed within all regulatory timeframes. Preauthorizations may be expedited and processed within all regulatory timeframes if indicated by a member's medical condition if requested by the Member or the Member's PCP.

Retrospective Denial of Out-Of-Network Service

Approved requests for health care services which NWF Network Members are eligible to receive are not retrospectively denied except for fraud or abuse by the subscriber or Member. Approved requests for health care services that Members are eligible to receive under their health care plan are not changed unless there is evidence of fraud or abuse.

Process for Monitoring and Assuring Network Sufficiency

Process for Monitoring and Assuring the Sufficiency of the Network to Meet the Health Care Needs of Members Enrolled in RMHP Managed Care Plan

In many communities, and particularly in rural areas, RMHP's philosophy is to contract with most available physicians, Pharmacies, Essential Community Providers, and hospitals that meet RMHP's credentialing and quality standards. This inclusive concept results in high provider participation levels in most of RMHP's marketing area, thereby resulting in a large enough provider base to ensure accessibility and range of services for all our Members.

In areas where most available physicians, hospitals, pharmacies, Essential Community Providers and ancillary providers who meet RMHP's credentialing and quality standards are not under contract, the number of such providers contracted in the area is based on Membership size. However, in all areas, RMHP strives to maintain an appropriate number of providers to ensure accessibility and range of services. When feasible, contracts are negotiated with ancillary providers that have multiple statewide locations to ensure coverage to all service areas.

The need for additional access to physicians, ancillaries, and facilities is based on the following factors:

- In response to a specific need identified by RMHP's Quality Improvement Committees;
- In response to requests from Members;
- Due to expansion of RMHP's service area;
- When RMHP determines more providers are needed for providing enrolled Members and projected enrollment with adequate access to care. If the enrolled Membership size in an area is stable, providers leaving a specified panel will be replaced to ensure accessibility and range of services.

Access to Care

The objective of RMHP's access committee is to monitor, measure, and take actions on identified opportunities to improve Member services.

RMHP maintains quality standards to identify, evaluate, and remedy problems relating to access of care. Set forth below are RMHP’s targets, which are goals, for provider to Member ratios, availability of appointment, and waiting times in provider offices. For each specific area served, RMHP regularly reviews access to care by Members, considering the relative availability of PCPs, specialists and sub-specialists, and acute care hospitals in the area based on location, number and types of providers, cost and suitability of care, and whether the provider can meet RMHP’s credentialing requirements.

RMHP evaluates such access through its Access Committee, with participating by a standing, interdepartmental access committee. If problems are identified, RMHP seeks to remedy access problems in various ways depending on the nature of the problems. Some problems may be remedied by contracting with certain providers were practicable, encouraging providers to travel to certain areas, providing transportation alternatives to Members, and use of telemedicine.

RMHP provides Members with information on how to access the care they need. Directions on how to obtain primary care, specialty care, after-hours and emergency care, ancillary and hospital services is given in our Provider Directories, the RMHP Member Handbook, and Member newsletters.

Target Provider to Member Ratios

Following are benchmarks for provider to member ratios for the Large Metro, Metro and Micro geographic areas and provider types shown:

Provider/Facility Type	Large Metro	Metro	Micro
Primary Care	1:1000	1:1000	1:1000
Pediatrics	1:1000	1:1000	1:1000
OB/GYN	1:1000	1:1000	1:1000
Mental health, behavioral health and substance abuse disorder Care Providers	1:1000	1:1000	1:1000

Availability (Appointment Wait Times) and Access (Geographic Distribution):

Geographic Access:

The geographic distribution of providers and members is based on data from the US Census Bureau population estimates to determine the delineation of a specific county in Colorado as Large Metro, Metro, Micro, Rural, or CEAC (Counties with Extreme Access Considerations) according to the parameters below:

Population and Density Parameters

County Type	Population	Density
<i>Large Metro</i>	≥ 1,000,000	≥ 1,000/sq. mile
---	500,000 - 999,999	≥ 1,500/ sq. mile
---	Any	≥ 5,000/ sq. mile
<i>Metro</i>	≥ 1,000,000	10 - 999.9/sq. mile
---	500,000 - 999,999	10 - 1,499.9/sq. mile
---	200,000 - 499,999	10 - 4,999.9/sq. mile
---	50,000 - 199,999	100 - 4,999.9/sq. mile
---	10,000 - 49,999	1,000 - 4,999.9/sq. mile
<i>Micro</i>	50,000 - 199,999	10 - 99.9 /sq. mile
---	10,000 - 49,999	50 - 999.9/sq. mile
<i>Rural</i>	10,000 - 49,999	10 - 49.9/sq. mile
---	<10,000	10 - 4,999.9/sq. mile
<i>CEAC</i>	Any	<10/sq. mile

Below are the Colorado County Designations:

COLORADO COUNTY DESIGNATIONS

County	Classification	County	Classification
Adams	Metro	Kit Carson	CEAC
Alamosa	Rural	Lake	Rural
Arapahoe	Metro	La Plata	Micro
Archuleta	CEAC	Larimer	Metro
Baca	CEAC	Las Animas	CEAC
Bent	CEAC	Lincoln	CEAC
Boulder	Metro	Logan	Rural
Broomfield	Metro	Mesa	Micro
Chaffee	Rural	Mineral	CEAC
Cheyenne	CEAC	Moffat	CEAC
Clear Creek	Rural	Montezuma	Rural
Conejos	CEAC	Montrose	Rural
Costilla	CEAC	Morgan	Rural
Crowley	CEAC	Otero	Rural
Custer	CEAC	Ouray	CEAC
Delta	Rural	Park	CEAC
Denver	Large Metro	Phillips	CEAC
Dolores	CEAC	Pitkin	Rural
Douglas	Metro	Prowers	CEAC
Eagle	Micro	Pueblo	Micro
Elbert	Rural	Rio Blanco	CEAC
El Paso	Metro	Rio Grande	Rural
Fremont	Rural	Routt	CEAC
Garfield	Micro	Saguache	CEAC
Gilpin	Rural	San Juan	CEAC
Grand	CEAC	San Miguel	CEAC
Gunnison	CEAC	Sedgwick	CEAC
Hinsdale	CEAC	Summit	Rural
Huerfano	CEAC	Teller	Rural
Jackson	CEAC	Washington	CEAC
Jefferson	Metro	Weld	Metro
Kiowa	CEAC	Yuma	CEAC

RMHP maintains criteria regarding access to appropriate practitioner care, subject to Members meeting all contractual requirements. The following are geographic and temporal goals used to evaluate access to care for the following provider specialty types:

Specialty	Geographic Type				
	Large Metro	Metro	Micro	Rural	CEAC
	Maximum Distance (miles)	Maximum Distance (miles)	Maximum Distance (miles)	Maximum Distance (miles)	Maximum Distance (miles)
Primary Care	5	10	20	30	60
Gynecology, OB/GYN	5	10	20	30	60
Pediatrics - Routine/Primary Care	5	10	20	30	60
Allergy and Immunology	15	30	60	75	110
Cardiothoracic Surgery	15	40	75	90	130
Cardiovascular Disease	10	20	35	60	85
Chiropracty	15	30	60	75	110
Dermatology	10	30	45	60	100
Endocrinology	15	40	75	90	130
ENT/Otolaryngology	15	30	60	75	110
Gastroenterology	10	30	45	60	100
General Surgery	10	20	35	60	85
Gynecology only	15	30	60	75	110
Infectious Diseases	15	40	75	90	130
Licensed Clinical Social Worker	10	30	45	60	100
Nephrology	15	30	60	75	110
Neurology	10	30	45	60	100
Neurological Surgery	15	40	75	90	130
Oncology - Medical, Surgical	10	30	45	60	100
Oncology - Radiation/Radiation Oncology	15	40	75	90	130
Ophthalmology	10	20	35	60	85
Orthopedic Surgery	10	20	35	60	85
Physiatry, Rehabilitative Medicine	15	30	60	75	110
Plastic Surgery	15	40	75	90	130
Podiatry	10	30	45	60	100
Psychiatry	10	30	45	60	100
Psychology	10	30	45	60	100
Pulmonology	10	30	45	60	100
Rheumatology	15	40	75	90	130
Urology	10	30	45	60	100
Vascular Surgery	15	40	75	90	130
OTHER MEDICAL PROVIDER	15	40	75	90	130
Dental	15	30	60	75	110
Pharmacy	5	10	20	30	60
Acute Inpatient Hospitals	10	30	60	60	100
Cardiac Surgery Program	15	40	120	120	140
Cardiac Catheterization Services	15	40	120	120	140
Critical Care Services - Intensive Care Units (ICU)	10	30	120	120	140
Outpatient Dialysis	10	30	50	50	90
Surgical Services (Outpatient or ASC)	10	30	60	60	100
Skilled Nursing Facilities	10	30	60	60	85
Diagnostic Radiology	10	30	60	60	100
Mammography	10	30	60	60	100
Physical Therapy	10	30	60	60	100
Occupational Therapy	10	30	60	60	100
Speech Therapy	10	30	60	60	100
Inpatient Psychiatric Facility	15	45	75	75	140
Orthotics and Prosthetics	15	30	120	120	140
Outpatient Infusion/Chemotherapy	10	30	60	60	100
OTHER FACILITIES	15	40	120	120	140

Appointment Wait Times:

RMHP's goal is to provide access to services to the extent such services are relatively available based on location, number and types of providers, cost and suitability of care, RMHP's credentialing requirement and considering usual travel patterns within the community. Each goal, criteria and ratio described herein is only a goal and not a binding standard.

Additional availability criteria for appointment and wait times are as follows. These goals are monitored through interdepartmental activities which are reviewed and evaluated by the access committee.

Service Type	Time Frame	Time Frame Goal
Emergency Care - Medical, Behavioral, Substance Abuse	24 hours a day, 7 days a week	Met 100% of the time
Urgent Care - Medical, Behavioral, Mental Health and Substance Abuse	Within 6 hours*	Met 100% of the time
Primary Care - Routine, non-urgent symptoms	Within 7 calendar days	Met \geq 90% of the time
Behavioral Health, Mental Health and Substance Abuse Care - Routine, non-urgent, non-emergency	Within 7 calendar days	Met \geq 90% of the time
Prenatal Care	Within 7 calendar days	Met \geq 90% of the time
Primary Care Access to after-hours care	Office number answered 24 hrs. / 7 days a week by answering service or instructions on how to reach a physician	Met \geq 90% of the time
Preventive visit/well visits	Within 30 calendar days	Met \geq 90% of the time
Specialty Care - non urgent	Within 60 calendar days	Met \geq 90% of the time

* Per 2017 NCQA standard for behavioral health non-life-threatening urgent care

Quality Improvement Program

The Rocky Mountain Health Plans (RMHP) Quality Improvement (QI) Program establishes a formal process for developing and implementing an effective clinical quality improvement program, promotes objective and systematic monitoring and evaluation of clinical and service related activities, and acts on opportunities for improvement. The program focuses on activities related to care quality, patient safety, physician access and availability, Member satisfaction, continuity and coordination of care, care management, pharmacy management, and Member rights and responsibilities. The QI Program also fulfills obligations to provide an ongoing review of the quality of health care services pursuant to 42 U.S.C.A. Section 300e(c)(6), Sections 10-16-401(4)(m) and 10-16-402(1)(b)(II), C.R.S., and regulations promulgated under such laws.

Goals of Quality Improvement Program

- Improve the quality of all categories of health care, including behavioral health care and chronic illness care, provided to the entire population of RMHP Members.
- Promote clinical care and services that are delivered in a safe, timely, efficient, effective, equitable, and patient-centered manner.
- Respond to the needs and expectations of RMHP internal and external customers by evaluating clinical and service performance relative to meeting those needs and expectations.
- Encourage and engage in effective professional peer review.
- Support and facilitate health care entities in geographically distinct areas in coordinating the collection and utilization of quality improvement information.
- Evaluate and improve the effectiveness of the QI Program by developing action plans based on measured outcomes.
- Report results of quality improvement efforts.
- Ensure compliance with statutory requirements and accreditation standards.

Objective of Quality Improvement Program

The objective of the RMHP QI Program is to monitor, measure, and take effective actions on identified opportunities to improve the quality and safety of health care and services through the cycle of objective evaluation, intervention and reevaluation. These activities are the summation of efforts by several Departments including Quality Improvement, Care Management, Pharmacy, Provider Network Management, Customer Service, Health Promotions, Claims, Home Health, Member Administration, Marketing, Information Technologies, and effective professional peer review. Pertinent activities from all of these processes are reported and integrated into the QI Program.

The RMHP QI Program includes but is not limited to the following activities:

- Identify, through multiple mechanisms, important areas of care, safety, and service to be monitored. Initiate and complete necessary activities.
- Promote quality and safety of clinical care by reviewing identified adverse patient outcomes, identifying and evaluating trends, and taking corrective action if deemed warranted.
- Improve Member awareness and engagement in their own health care.
- Review and respond to Member and provider concerns through interdepartmental committee activities. Identify and evaluate related trends. Take corrective action if deemed warranted.
- Monitor and improve Member access to and continuity of care through interdepartmental committee activities.
- Coordinate and facilitate the collection and review of QI data pertinent to services provided to RMHP Members by contracting entities.
- Monitor the cultural and linguistic needs of Members and determine if actions are required in order to serve the diverse needs of the Membership.
- Identify Members with complex health needs and improve coordination of care and services for Members receiving care and services from providers and agencies.
- Credential/recredential practitioners.
- Facilitate the development, distribution, and implementation of clinical practice guidelines of importance to the RMHP Membership. Use results of performance measurement to continually improve care delivered to the Membership.
- Monitor and improve practitioner adherence to standards for preventive and chronic illness care.
- Monitor and improve practitioner adherence to standards for medical record documentation.
- Develop continuing medical education (CME) programs based on results of performance measurements and other quality improvement data.
- Report QI activity progress and findings to providers and others, including Members as deemed appropriate.
- Advance the awareness of the QI Program within the organizational structure and processes.

Continuity of Care

RMHP's Care Management (CM) Department performs case management services and reviews inpatient admissions to ensure appropriate discharge planning and identify the need for specialty care.

If a new RMHP Member has been treated by a non-participating provider more than three times in the previous six months as part of the same treatment plan, RMHP upon request may

NWF Network Access Plan 2017, Rev 0117ks

approve continued care for the Member by that non-participating provider if RMHP determines it to be necessary to ensure appropriate and timely care.

Continuity and coordination of our Members' care is evaluated in part through the office review process monitored by the Quality Improvement Department. The primary focus of office reviews is to ensure care delivered conforms to established standards for preventive health care screening, health maintenance, appropriateness of treatment, and medical record documentation. Scheduled on-site office chart reviews are conducted every five years for selected participating primary care physicians. Behavioral health providers are also periodically reviewed.

Addressing the Needs of Members

Addressing the Needs of Members with Limited English Proficiency, Illiteracy, Diverse Cultural and Ethnic Backgrounds, and Physical and Mental Disabilities:

Members with Limited English Proficiency and Illiteracy

In an effort to meet non-English speaking Members' needs, RMHP has identified health care providers who speak languages other than English, including American Sign Language. When direct interaction with a bilingual health care provider is not possible, RMHP makes available interpretation services.

Additionally, RMHP has arrangements to provide written interpretations of any documents requested for any foreign language. We have also translated into Spanish some of our more commonly used materials. Further, Spanish speaking Customer Service Representatives are available to assist Spanish-speaking Members either by phone or in person. For low-literacy Members, materials are written at an appropriate reading level.

Members with Complex Medical and Social Needs

For Members with complex medical and social needs, RMHP case managers work with people to coordinate the health care and other community services that our Members need, when they need them, and for the best value. Members may complete a Transition of Care Form at enrollment. This form helps identify Members who have special needs to develop complex or chronic health conditions. RMHP staff, PCPs, or other providers may refer to Members for case and disease management. As health needs are realized, the case managers streamline care to aid a Member's condition. The Member's progress toward recovery or resuming life activities is assessed.

For hearing-impaired Members, we have access to TDD services. RMHP has also adopted standards for transacting business with incapacitated persons. Appropriate family Members or legal guardians are identified and included in Members' enrollment and care decisions.

Further, all RMHP buildings meet accessibility standards for the disabled such as handicapped parking spaces, ramps, doorways, elevator accessibility to all floors in our offices, and Braille signs. RMHP also monitors physical access for the disabled at our PCP provider locations through office assessments.

Health Care Needs Assessment, Outcomes, and Evaluation

Methods for Determining Members' Health Care Needs, Tracking and Assessing Clinical Outcomes from Network Services, and Evaluating Consumer Satisfaction with Services Provided

Determining Members' Health Care Needs

RMHP has a variety of mechanisms in place to assess and track our Members' needs, including case management services, individual health appraisals, Care Management (CM), and quality improvement activities.

The CM team conducts concurrent and retroactive reviews of utilization data to discover which Members use what services and why. From this information, we evaluate how services provided by contracted providers match our Members' needs.

The Quality Improvement Committees evaluate a number of activities to assess member needs including HEDIS and CAHPS performance, Member feedback from surveys focused on clinical programs and satisfaction with providers, Member appeals and grievances, and provider feedback. Opportunities for improvement are identified and quality improvement initiatives are developed to improve the quality of care and service for our Members.

Tracking and Assessing Clinical Outcomes from Network Services

RMHP evaluates the clinical outcomes of its Membership populations in each geographic community. Methods used to track and trend clinical outcomes may include concurrent inpatient review, case management, focused quality improvement studies, and a series of measurements for targeted chronic diseases. Clinical outcome information is shared with contracted provider networks in each community and needed action is taken with the combination of collective data and Membership feedback.

Evaluating Consumer Satisfaction with Services Provided

RMHP conducts annual Member surveys to determine Member satisfaction. These satisfaction survey results are evaluated for strengths and weaknesses within the organization with comparisons made to previous outcomes. Areas of weakness are reported and corrective action plans are implemented where appropriate.

Informing Members of Plan Services and Features

Methods of Informing Members of Plan Services and Features

Grievance and Appeal Procedures

RMHP informs covered persons of grievance and appeal procedures in several ways. Upon enrollment, all Members receive a NWF Network Member Handbook, which explains Members' grievance/appeal rights and responsibilities in detail. When a Member is retrospectively denied payment for services provided, a Right to Appeal notice is provided on the Member's explanation of benefits form or the Member billing statement. For prospective service and concurrent service denials, appeal procedures are included in direct written correspondence to the Member.

Availability of Specialty Medical Services

Availability of specialty medical services including the availability of Physical Therapy, Occupational Therapy and Rehabilitation Services, is addressed in NWF Network Member Handbook provided to Members during the enrollment process, as well as the NWF Network Provider Directory.

Process for Selecting and Changing Network Providers

In many communities and particularly in rural areas, RMHP contracts with most physicians and hospitals that meet RMHP's credentialing and quality standards. RMHP rarely experiences

change due to a provider choosing not to renew their contract with RMHP. However, when such a rare change occurs, Members affected by the change are identified and directly informed by letter. The Member is instructed on how to choose a new PCP and is provided with instructions on how to obtain a provider directory or directed to use our online directory (www.RMHP.org) as necessary.

Procedure for Providing Urgent and Emergent Medical Care

Emergency/Life and Limb-Threatening Care and Urgent Care

Urgent and Emergent, life and limb-threatening care is available, without prior authorization, for all Members 24 hours a day, 7 days a week. Additionally, members may receive Emergency Services and Urgently Needed Services while temporarily outside the service area. The attending emergency physician, or the provider actually treating the member, is responsible for determining when the member is sufficiently stabilized for transfer or discharge. RMHP will not deny payment for emergency services if the services were provided by an out-of-network provider or when instructed by a representative of RMHP to seek emergency services.

When possible, Members should contact their PCP, who can provide guidance for the urgent care needs. Urgent care centers are available for members within certain communities

Members may obtain emergency care by dialing 911 or going to the nearest hospital emergency room. Treatment of life and limb-threatening emergencies is covered whether received from a participating or non-participating facility. RMHP Member Identification Cards also contain instructions on how to access emergency care.

Medical Care

RMHP's procedures for obtaining urgent and emergent medical care are contained in the NWF Network Member Handbook and provider directories. Members may also obtain help with benefit and service questions through direct or phone contact with RMHP Customer Service representatives.

Coordination of Care, Referrals to Specialty Providers

System for Ensuring the Coordination of Care for Covered Persons Referred to Specialty Providers

RMHP supports and encourages primary care physicians to coordinate the Members' care. Requests for assistance are directed to RMHP's Case Management staff, who considers services that may be provided by ancillary providers, including social services or other community resources.

For new Members who are currently involved in active treatment, RMHP may consider approving the continued use of non-participating providers. RMHP's Care Management Department maintains a process for facilitating coordination of care for new members. Services from non-participating providers must be evaluated and approved before treatment is continued and services are received by the member. RMHP's Care Management staff will contact the non-participating provider and obtain a treatment plan and agreement from the non-participating provider not to balance bill the member.

Process for Changing Primary Care Physicians

RMHP's process for enabling covered persons to change primary care physicians is addressed in the RMHP Member handbook. Members may change their PCP at any time by notifying a RMHP Customer Service representative before receiving health care services from the new PCP.

Members should contact the new PCP first to be sure he/she is accepting new patients before the

change is requested. The Member is provided with the most current Provider Directory if requested and/or directed to use RMHP's online directory.

Continuity of Care in the Event of Contract Termination or Insolvency

Proposed Plan for Providing Continuity of Care in the Event of Contract Termination or Insolvency

In the event of provider termination, RMHP provides continuity of care for Members who are in an active course of treatment according to 10-16-704(9)(j)C.R.S. RMHP shall provide written notice within (30) calendar days of the termination to Members who have been undergoing treatment or have been seen at least once in the last twelve months by the provider being removed.

Such notifications will describe continuity of care and will inform the Member of disenrollment procedures. If the contract termination involves a PCP, all Members who are patients of that PCP will be notified and will be instructed on how to choose a new PCP. Case Management will assist Members in selecting a new PCP upon request. Appropriately trained Case Management staff are available to assist the member/family and or guardian with the transition to a new provider.

RMHP's Care Management Department maintains a process for facilitating continuity and coordination of care in the following circumstances: a practitioner's contract is discontinued, a Member joins the health plan, benefit coverage ends and additional services are required.

If RMHP becomes insolvent or unable to continue operations for any reason, all Members will be given written notice within fifteen days of such an event. RMHP participating providers will continue to provide benefits to covered persons through the date of termination of RMHP's contract with the State to provide services, and will continue care for members confined in an inpatient facility until their discharge. RMHP providers cannot seek reimbursement from RMHP Members for covered services received during this period, except for any applicable copayments, coinsurance, or deductibles.

Provisions in the Event of Contract Termination or Insolvency

Provisions to Hold the Member Harmless in the Event of Contract Termination or Insolvency

All Rocky Mountain Health Plans provider contracts contain a provision that in no event, including but not limited to nonpayment by Rocky Mountain Health Plans or Rocky Mountain Health Plans insolvency or any breach of the provider contract, shall a provider bill, charge or collect a deposit from or seek compensation, remuneration from or have any recourse against any covered member for covered services.

Language Taglines

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-346-4643 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-346-4643 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-346-4643 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-346-4643 (TTY: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-346-4643 (TTY: 711)번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-346-4643 (телетайп: 711).
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚኒተሰው ቁጥር ይደውሉ 1-800-346-4643 (መስማት ለተሳናቾው: 711)።
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-346-4643 (رقم هاتف الصم والبكم: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-346-4643 (TTY: 711).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-346-4643 (ATS : 711).
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरु नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-346-4643 (टिटावाइ: 711) ।
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-346-4643 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-346-4643 (TTY:711) まで、お電話にてご連絡ください。
Cushite/Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-346-4643 (TTY: 711).
Persian	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-346-4643 (TTY: 711) تماس بگیرید.
Ibo/Igbo	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call. 1-800-346-4643 (TTY: 711).
Kru-Bassa	Dè dè nià kè dyédé gbo: Ǿ jǔ ké m̄ [Bàsɔ̀ɔ̀-wùdù-po-nyò] jǔ ní, níí, à wudu kà kò dò po-poò b̄éin m̄ gbo kpáa. Ǿá 1-800-346-4643 (TTY: 711)
Yoruba	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-346-4643 (TTY: 711).

Exhibit A

Network Adequacy Strategic Plan

Rocky Mountain HMO Medicaid Network Adequacy Strategic Plan July 1, 2016 through June 30, 2017

1. Rocky Mountain HMO will continue to use the access standards approved by the Colorado Department of Health Care Policy and Financing (HCPF) as submitted jointly by RMHP, Denver Health and Colorado Access and first used for Medicaid fiscal year 2005-06. The access standards adopt varying distance and travel time criteria according to Urban, Suburban and Rural geographic designations. The definitions and access criteria are shown below:

Urban Area: a ZIP Code population density being greater than 3,000 persons per square mile.

Suburban Area: a ZIP Code population density being between 1,000 and 3,000 persons per square

mile. Rural Area: a ZIP Code population density being less than 1,000 persons per square mile.

	Urban	Suburban	Rural
PCP	30min/30miles	30min/30miles	45min/45miles
Specialist	45min/45miles	60min/60miles	90min/90miles

RMHP will continue to adhere to definitions used by HCPF for PCP and Specialist as shown below. Although RMHP still uses “Key Specialists” for the purpose of reporting, all providers will be included in either PCP or Specialist categories as defined by the Department below:

Primary Care Physician (PCP): A participating physician designated by the Member to provide routine and primary care services. Per the Department, PCPs are defined as Family Practice or General Medicine specialties. Due to RMHP’s system parameters, we classify specialties as those identified by American Board of Medical Specialties (ABMS - for MDs) and/or American Osteopathic Board where there was no corresponding ABMS specialty (AOA - for DOs) as both of these entities are approved by NCQA for Board Certification primary source verification. To remain consistent with the Department’s definitions, RMHP will include the following specialties under the Department’s definition of General Medicine category; Internal Medicine, Pediatrics, Geriatrics and Obstetrics/Gynecology

Specialists: A participating physician who is not a primary care physician and is defined by the Department as a specialist. This would include physicians designated to practice Cardiology, Otolaryngology/ENT, Endocrinology, Gastroenterology, Neurology, Orthopedics, Pulmonary Medicine, General Surgery, Ophthalmology and Urology.

2. Based on recent GeoAccess studies - including reporting required and submitted to HCPF - and the experience of Rocky Mountain HMO – and barring unforeseen circumstances, geographic criteria and provider network criteria will remain unchanged for the Colorado fiscal year and RMHP contracting period July 1, 2014 through June 30, 2015. The target provider to Member ratio is shown below.

Target Provider to Member Ratio:

The Physician to Member ratio: = 1:2,000 Members.

The Specialist to Member ratio: = 1:2,000 Members.