

# State of Colorado Division of Insurance

Network Adequacy Landscape Analysis and Review

Individual Market

November 14, 2014



PCG | Health

Public Focus. Proven Results.™



**Contents**

Background and Executive Summary ..... 3

I. Data Source and Limitations ..... 5

II. Map Review Process and Approach..... 8

III. Network Adequacy Considerations and National Trends ..... 11

IV. Network Adequacy Geographical Drive Time Maps and Analysis..... 15

V. Recommendations ..... 47



## Background and Executive Summary

The state of Colorado Department of Regulatory Agencies (DORA) – Division of Insurance (DOI) procured the assistance of Public Consulting Group, Inc. (PCG) to gather information on the provider networks used by health insurance plans sold in the state, to evaluate the adequacy of these networks in providing reasonable and sufficient access to covered services for plan members, and to assess recent trends in provider networks. This report follows and complements recent changes to the health insurance landscape in the state, including development of a State-Based Exchange (Connect for Health Colorado) and implementation of federal health insurance standards, such as mandatory inclusion of Essential Community Providers (ECPs) in plan networks. It also complements national trends in evaluating network adequacy standards, such as federal efforts to collect plan provider network data as part of the implementation of health insurance marketplaces.

This report includes an initial assessment of provider networks used in plans offered in the **Individual Market in plan year 2014**. There were twelve carriers offering plans in the individual market in 2014; these plans included a total of 26 networks that are evaluated in this report.<sup>1</sup> 9 of these carriers sell plans statewide, 13 sell plans only in the central urban region of the state, and 4 offer partial state coverage.

### Approach to Evaluating Plan Networks

Because DORA has not previously conducted a comprehensive analysis of plan networks, PCG recommended establishment of target baseline drive time standards that can be used to generate visually-descriptive maps and statistics in order to evaluate member access to providers. For example, a drive time of 45 minutes was established as a reasonable standard for primary care access in urban areas; maps were generated for each insurance carrier demonstrating areas that are within and outside of this drive time standard. The following provider and facility types were ultimately included:

- Specialists
- Primary Care Physicians
- Obstetricians (OB/GYN)
- Pediatricians
- Behavioral Health<sup>2</sup>
- Home Health and Hospice
- Hospitals
- Emergency
- Behavioral Health<sup>2</sup> Facilities
- Skilled Nursing Facility

While there are other important methods of evaluating network access, this methodology provides DORA a comprehensible overview of geographic access to key provider types and specialties. *It is important to note that this analysis was based on non-standardized data sources and therefore has significant limitations discussed in our analysis.*

---

<sup>1</sup> Note: Some networks use the same set of providers but are designated as separate networks in plans filed with CO DORA. These are indicated in the analysis.

<sup>2</sup> Note: Behavioral Health includes Mental Health and Substance Abuse Providers or Facilities

### Key Findings and Recommendations:

Based on initial analysis of individual market network data, several key conclusions can be drawn:

- There is significant variation in access to covered services among individual market carriers in Colorado. In some cases, access is severely limited.
- In the Denver Metro and Front Range regions of the state, drive time access is generally sufficient for service types evaluated in this analysis based on the benchmark drive time standards used.
- The maps demonstrate that, based on benchmark drive time standards, some provider shortages exist in the Western Slope away from the I-70 and resort corridor and the agricultural regions in the Eastern Plains, especially for behavioral health providers and facilities, skilled nursing facilities, and specialty care.<sup>3</sup>
- Providers of basic services such as primary care, pediatric, and OB/GYN services are generally available across the state with the exception of some remote areas.

Based on our review and analysis, PCG makes the following recommendations in consideration of ongoing regulatory activity related to network adequacy in CO. These recommendations are described in more detail in the *Recommendations* section.

- Consider limiting service areas of plans with severely limited network access to covered services or other corrective action.
- Factor in plan enrollee data to further evaluate network access.
- Develop target drive time standards for key service types and evaluate networks against these standards on an ongoing basis.
- Develop data collection standards to operationalize network adequacy review.
- Address other network adequacy components such as availability of network information to consumers, provider directory standards, and integration with accreditation process.
- Consider aligning with national network adequacy standards and initiatives.

---

<sup>3</sup> Specialty shortages are noted but could not be consistently classified into more specific types based on 2014 plan year data. It is anticipated that future data collection measures permit evaluation of specific specialty types.



## I. Data Source and Limitations

PCG worked with DORA to collect and inventory carrier network data from plan year 2014 (prior to use of standardized network data templates). Based on the data received, PCG constructed a network list inventory and file tree based on all network templates from each carrier. PCG excluded one network at the direction of DOI<sup>4</sup>, resulting in a total of 61 networks across the Small Group and Individual Medical marketplaces—35 networks in the small group market and 26 networks in the individual market.<sup>5</sup> Additionally, PCG inventoried and standardized data from 24 dental networks, 12 small group dental and 12 individual dental networks for future use.

The inventory and data process was an ongoing interactive process completed in conjunction with the DOI. Due to the lack of standardization in this process PCG, was presented with several limitations. PCG standardized network data from several formats, including files in Portable Document Format (PDF) format, files with merged provider and facility data, and other non-standard formats. Ultimately, data was translated to a standard data format and stored within a relational database.

Provider types included in the network data were non-standardized. To address this, PCG developed a crosswalk to a standard list of provider and facility types. Data received from the plans contained substantial variability in the description of medical and facility provider types. PCG completed this in a batch process first in looking at provider types. Examples of provider subcategories included listing primary care practitioners (PCPs), General Practitioner, Gen Prac, GP, IM, Internal Medicine, and Family Medicine as *Primary Care*. In several cases, PCG had to refer back to carrier data dictionaries to match the universe of provider types received.

PCG additionally addressed data issues with provider addresses that prevented processing through mapping software. These included:

- Duplicated address entries (or nearly duplicated)
- Extraneous address data such as building and floor numbers
- Missing street addresses

Many of the addresses were converted to geocodes and some incomplete addresses were converted to geocodes based on approximate location matching using city and zip code fields or nearby zip code matching functionality. To reduce map processing time, PCG unduplicated addresses based on an exact geocode match.

PCG assigned a designation of “rural” or “urban” to all the addresses of all providers and facilities based on zip code. PCG was able to do this using a state-published definition of urban and rural counties based on population density for a given county.<sup>6</sup> County data was not consistent across all networks, therefore PCG performed a crosswalk of zip codes with counties to match each address line as urban or rural.

---

<sup>4</sup> Small Group Medical - UHC of Colorado – Navigate file

<sup>5</sup> This report focuses on the Individual Medical marketplace, although the Data Collection included both Small Group and Individual Medical Markets

<sup>6</sup> Colorado Department of Public Health and Environment – *Chapter 1 Overview of the State*, June 2010  
<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-Disposition&blobheadername2=Content-Type&blobheadervalue1=inline%3B+filename%3D%22Chapter+1+-+Overview+of+the+State.pdf%22&blobheadervalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251817033642&ssbinary=true>



One limitation of the data received is that not all facility or provider files had a completed field indicating provider or facility type. Data points that did not have a defined provider or facility type are not represented in the data as they could not be translated to one of the standardized categories. PCG mapped all provider/facility types to the standardized categories but, in some cases, association could not be made or provider and facility types were missing from the data.

The following charts detail the percentage of address lines that had positive geocode matches and a positive provider or facility type matches. A positive provider or facility type match is representative of a match to any type including both Other – Inpatient and Other – Outpatient. Many providers or facilities that could not be clearly grouped to the categories included in this analysis were included in these “other” categories. These two “other” categories accounted for over 60% of our total universe of data received; however they are not analyzed in any of the maps.

**Individual Medical – Providers - Cleansed Data Geo-Code Percent Match**

Carrier	Network	Percent Match
All Savers	Navigate	98%
Cigna	Denver Local Plus	71%
Colorado Choice	CCHP Network	96%
Colorado Choice	Community Choice	96%
COOP	CoOp Statewide one	83%
COOP	CoOp statewide two	93%
COOP	CoOp metro	97%
Denver Health	Elevate Basic Network	46%
Denver Health	Elevate Expanded Network	67%
HMO Colorado	Pathway enhanced	87%
HMO Colorado	Pathway X Enhanced	87%
HMO Colorado	Pathway X Enhanced - D	87%
Humana	Humana Choice Care Network PPO	82%
Humana	National POS Open Access	96%
Humana Health	Colorado HMOx	99%
Humana Health	National POS Open Access	98%
Kaiser Family	Kaiser Permanente Denver Boulder	100%
Kaiser Family	Kaiser Permanente Southern Colorado	99%
Kaiser Family	Kaiser Permanente Northern Colorado	99%
New Health Ventures	Access Health Colorado	96%
Rocky Mountain HMO	Rocky Mountain HMO Statewide Provider Network	96%
Rocky Mountain HMO	Rocky Mountain New West Provider Network	93%
Rocky Mountain HMO	Rocky Mountain Colorado Springs Health Partners Network	98%
Rocky Mountain HMO	Rocky Mountain HMO Mesa Country Provider Network	98%
Time Insurance	Aetna Signature Administrators	98%
Time Insurance	GHW Cigna PPO	89%
All Savers	Navigate	98%



**Individual Medical – Facilities - Cleansed Data Geo-Code Percent Match**

Carrier	Network	Percent Match
<b>All Savers</b>	Navigate	90%
<b>Cigna</b>	Denver Local Plus	70%
<b>Colorado Choice</b>	CCHP Network	97%
<b>Colorado Choice</b>	Community Choice	97%
<b>COOP</b>	CoOp Statewide one	94%
<b>COOP</b>	CoOp statewide two	90%
<b>COOP</b>	CoOp metro	91%
<b>Denver Health</b>	Elevate Basic Network	67%
<b>Denver Health</b>	Elevate Expanded Network	67%
<b>HMO Colorado</b>	Pathway enhanced	85%
<b>HMO Colorado</b>	Pathway X Enhanced	85%
<b>HMO Colorado</b>	Pathway X Enhanced - D	85%
<b>Humana</b>	Humana Choice Care Network PPO	80%
<b>Humana</b>	National POS Open Access	85%
<b>Humana Health</b>	Colorado HMOx	80%
<b>Humana Health</b>	National POS Open Access	66%
<b>Kaiser Family</b>	Kaiser Permanente Denver Boulder	99%
<b>Kaiser Family</b>	Kaiser Permanente Southern Colorado	99%
<b>Kaiser Family</b>	Kaiser Permanente Northern Colorado	98%
<b>New Health Ventures</b>	Access Health Colorado	89%
<b>Rocky Mountain HMO</b>	Rocky Mountain HMO Statewide Provider Network	95%
<b>Rocky Mountain HMO</b>	Rocky Mountain New West Provider Network	97%
<b>Rocky Mountain HMO</b>	Rocky Mountain Colorado Springs Health Partners Network	97%
<b>Rocky Mountain HMO</b>	Rocky Mountain HMO Mesa Country Provider Network	96%
<b>Time Insurance</b>	Aetna Signature Administrators	98%
<b>Time Insurance</b>	GHW Cigna PPO	94%
<b>All Savers</b>	Navigate	90%





## II. Map Review Process and Approach

Based on an initial review of data received and based on network adequacy standards in peer states, PCG outlined a proposed review process and a set of deliverables for the Department. These standards were not based on specific federal or state standards, but represent “reasonable” drive time standards adopted by other states; these standards served as a baseline for the reviews to identify geographic areas where provider networks do not allow sufficient access. As analysis of initial datasets were complete, PCG worked with DORA to modify the provider and facility types used in the analysis. The following provider and facility types were ultimately included:

- Specialists
- Primary Care Physicians
- Obstetricians (OB/GYN)
- Pediatricians
- Behavioral Health<sup>7</sup>
- Home Health and Hospice
- Hospitals
- Emergency
- Behavioral Health<sup>2</sup> Facilities
- Skilled Nursing Facility

Each network used in plans sold in the CO individual market was evaluate in each of the above provider and facility types. The complete list of individual networks evaluated can be found below.

---

<sup>7</sup> Note: Behavioral Health includes Mental Health and Substance Abuse Providers or Facilities





**Individual Market Issuers & Networks:**

Issuer / HIOS ID	Network Type and Name	On / Off / Both
<b>All Savers</b>	Navigate	On
<b>Cigna</b>	Denver Local Plus	Both
<b>Colorado Choice</b>	CCHP Network	Both
<b>Colorado Choice</b>	Community Choice	Both
<b>CoOp</b>	CoOp Metro	Both
<b>CoOp</b>	CoOp Statewide One	Both
<b>CoOp</b>	CoOp Statewide Two	Both
<b>Denver Health</b>	Elevate Basic Network	On
<b>Denver Health</b>	Elevate Expanded Network	On
<b>HMO Colorado</b>	Pathway Enhanced	Off
<b>HMO Colorado</b>	Pathway X Enhanced	On
<b>HMO Colorado</b>	Pathway X Enhanced D	On
<b>Humana</b>	Humana Choice Care Network PPO	Off
<b>Humana</b>	National POS Open Access	Off
<b>Humana Health</b>	Colorado HMOx	Both
<b>Humana Health</b>	National POS Open Access	Both
<b>Kaiser Family</b>	Kaiser Permanente Denver Boulder	Both
<b>Kaiser Family</b>	Kaiser Permanente Northern Colorado	Both
<b>Kaiser Family</b>	Kaiser Permanente Southern Colorado	Both
<b>New Health Ventures</b>	Access Health Colorado	On
<b>Rocky Mountain HMO</b>	Rocky Mountain Colorado Springs Health Partners Network	Both
<b>Rocky Mountain HMO</b>	Rocky Mountain HMO Mesa Country Provider Network	Both
<b>Rocky Mountain HMO</b>	Rocky Mountain HMO Statewide Provider Network	Both
<b>Rocky Mountain HMO</b>	Rocky Mountain New West Provider Network	Both
<b>Time Insurance</b>	Aetna Signature Administrators	Off
<b>Time Insurance</b>	GHW Cigna PPO	Off

In coordination with the Division, drive time charts (“drive bands”) were established for each of the provider and facility types for the purpose of initial baseline analysis. Because of Colorado’s diverse geography and network of roadways, it was determined that drive bands, calculated according to drive time, would be the most accurate way to assess access to care. This became most apparent when mapping access in rural and mountain regions of the state: while a provider or facility may be a short distance away “as the crow flies”, a more accurate estimate of access to the consumer is represented by the time it would take to drive to a provider location. Separate standards were established for rural and urban areas, as demonstrated in the chart below. Separate baseline drive time standards address Colorado’s unique geography and large proportion of rural areas in the state.



**Individual Market Drive Time Standard (“Drive Bands”):**

<b>Individual Market Drive Time Standards</b>		
<b>PROVIDERS</b>		
<b>FILE TYPE</b>	<b>URBAN DRIVE TIME (mins)</b>	<b>RURAL DRIVE TIME (mins)</b>
Mental Health Practitioners	30	60
Obstetricians (OB/GYN)	45	90
Pediatricians	45	90
Primary Care Physicians (PCPs)	45	90
Specialists	60	90
<b>FACILITIES</b>		
<b>FILE TYPE</b>	<b>URBAN DRIVE TIME (mins)</b>	<b>RURAL DRIVE TIME (mins)</b>
Emergency Clinics	30	60
Essential Community Providers	30	60
Hospitals	45	90
Skilled Nursing Facilities	45	90
Mental Health Facilities	45	90
<b>Facilities and Providers Combined</b>		
<b>FILE TYPE</b>	<b>URBAN DRIVE TIME (mins)</b>	<b>RURAL DRIVE TIME (mins)</b>
Home Health & Hospice	45	90

### III. Network Adequacy Considerations and National Trends

#### Measuring Network Adequacy

A carrier's network is described as adequate if enrollees covered within that network have sufficient access to providers to serve enrollee health needs. Definitions of "sufficient access" vary across states, but most frequently consider the breadth of providers contracted as well as the capacity of the provider population to provide access to services in a timely and convenient manner.

Regulatory agencies have developed several measures demonstrating the degree to which networks meet these goals. Standards currently employed nationally for measuring adequacy include:

- Counts of contracted providers;
- Provider referral and hospital admitting privileges;
- Provider-to-enrollee ratios;
- Volume of services available; and
- Appointment waiting times;
- Geographic access standards.

States possess opportunities for customizing access standards according to unique geography, provider and enrollee distributions, and population health goals. Example of each of these goals are provided below.

#### *Provider Counts*

Certain provider types may be seen as essential to the receipt of care among special populations, and issuers may not have natural incentives to contract with these provider types. An example of network standards relating to provider counts are found in federal standards for contracting with Essential Community Providers (ECPs), in which issuers must contract with a certain percentage of available ECPs within the proposed service area.<sup>8</sup>

#### *Provider-to-Enrollee Ratios*

Measures involving provider-to-enrollee ratios address potential issues regarding the volume of services available to enrollees. Such ratios are based upon assumptions surrounding a provider's capacity to serve a set number of enrollees, and prevent a small number of provider contracts from making a network appear adequate while the membership may not receive services in a timely manner. When implementing ratio measures, regulators must develop assumptions surrounding provider service capacities, including whether the contracted providers are currently accepting new patients.

#### *Appointment Wait Times*

Similar to patient to provider ratios, measuring aggregate waiting times across patient requested appointment times appraise the issuer's capacity to provide care with its network. Longer waiting times are indicative of demand overwhelming supply of services, and imply that the current network is insufficient for the enrolled populations. As with other measures, standards relating to waiting times must be benchmarked against assumptions of acceptable waiting times.

---

<sup>8</sup> [45 CFR 156.235](#) Essential Community Providers – Code of Federal Regulations

### ***Provider Referral and Hospital Admitting Privileges***

Beyond measuring the number and capacity of providers, thorough adequacy measures must also account for dimensions of care that result in streamlined, coordinated episodes of care. One dimension through which to view a network's systemic efficiency is through review of provider referral patterns and admission privileges. Addressing these provider privileges and behavioral patterns ensure access to care across an enrollee's entire episode of care.

### ***Volume of Services Available***

Measures indicating the volumes of service available provide alternatives to traditional provider-centric access measures, and instead focus on the ability of those providers to offer services. Other measures falling within this category have been discussed previously, such as provider-to-enrollee ratios, but another example specifically addressing possible variances of service supply are counts of providers accepting new patients. Knowledge of providers accepting new patients is especially important currently due to newly-covered populations attempting to access care through network providers for the first time, and a network appearing to have robust provider access may not be able to provide services to members who have newly enrolled.

### ***Geographic Access Standards***

Finally, geographic standards are a common method for measuring adequacy, and were the methods of the statewide review addressed in this report. These standards rely on a tiered system in which specified provider types are considered to "cover" areas within a certain distance of the provider location. The usual trend in these types of standards is that core services must be available within relatively short distances of enrollees, while specialized services, which tend to require less-frequent use, are subject to distance requirements greater than those required for core services.

Standards of this type, while an efficient method of measuring statewide access, are not without certain shortcomings. Most notably, geographic standards do not account for provider capacity to serve the covered population, such as whether contracted providers are accepting new patients or are overwhelmed with patient demand. Additionally, geographic access standards may indicate network deficiencies in geographic regions in which no eligible providers exist.

An additional consideration of geographic access standards specific to Colorado relates to instances in which the state's geography serves as a barrier to access. Mountainous terrain may mean that, while a needed provider may not be distant on a map, the route to access that provider is not direct and requires lengthy travel to access care. The suggested method for accommodating the state's terrain, and an analysis performed within this report, is to measure provider availability according to commute time to the provider location.

No single standard will provide a definitive answer to any state's questions regarding its networks, but each contributes to a general understanding of an enrollee's access to care. When entities develop or re-evaluate network adequacy standards, all of the measures named in this report should be considered in light of the value offered, their alignment with state goals, and the administrative burden of collecting, reviewing, and enforcing the standards.

### **Federal Network Adequacy Standards**

While network adequacy has traditionally been managed at the state level, federal standards also exist for plans with standards relating to issuers offering qualified health plans (QHPs). In addition to minor

standards relating to contracting with essential community providers, federal standards dictate that issuers must offer “a network that is sufficient in number and types of providers, including providers that specialize in behavioral health services, to assure that all services will be accessible without unreasonable delay.”<sup>9</sup>

Review of this requirements reveals that the federal regulations do not currently include measurement methodologies named in previous portions of this report. In previous QHP review years, determination of whether provider networks provide “reasonable access” has been deferred to states using existing standards. During the most recent QHP certification cycle, in which qualified health plans were reviewed to be sold in the Marketplace in 2015, CMS required issuers participating in federally-facilitated and state partnership Marketplaces to provide static data relating to contracted providers, hinting that federal regulators may take a more active role in the adequacy determinations in the future.

### **Considerations for Developing Standards**

Adequacy measures, while possessing the ultimate goal of allowing consumers to receive necessary services, must also consider the implications and incentives put in place by the regulations. A balance must be achieved between protecting consumers and ensuring that standards do not threaten the health of the insurance marketplace.

One consideration is that stringent network adequacy standards can indirectly create provider monopolies: this scenario can be imagined through a specific provider (such as a hospital) being the only entity capable of meeting a specific network requirement in its region, and thus carriers would be required to contract with that entity in order to offer services to the service area. The provider’s monopoly status grants additional negotiating power in reimbursement rate discussions, giving the provider leverage to demand above-average rates. Reimbursing this provider at above-market rates places upward pressure on the overall cost of coverage on the carrier, a cost that will ultimately be passed onto plan enrollees.

One strategy employed by several states in lowering provider monopolies has been to require that issuers must only offer contracts to providers at a reasonable rate (such as rates accepted by several other providers). Allowing “reasonable offer” waivers removes provider monopoly power, but also allows adverse consequences. If a large proportion of regional providers (or a single monopoly) reject “reasonable offer” contracts, then waivers may be granted allowing issuers to serve an area in which enrollees cannot access the needed services. In administering “reasonable offer” waivers, regulating agencies must remain cognizant of the scope of these waivers within a region and the repercussions on enrollee access.

Second, network standards must reflect geographic realities of the regions across which they apply. In many states, certain regions contain low-density rural populations without the infrastructure to support a widely-encompassing health delivery center. As a result, some networks may be deemed insufficient to offer access to meet standards because the required providers do not exist in that region.

States have adjusted standards in several ways to address scenarios of provider scarcity. One solution is to tier geographic requirements in a manner that rural service areas are not subject to the same distance requirements as more concentrated regions, such as the separate rural and urban baseline targets used in this analysis. Finally, in areas where populations cannot be determined to have access in accordance with the state’s standards, the state may grant a waiver for that area. Any waiver granted may require that an issuer make ongoing attempts to identify and contract with new providers in that region.

---

<sup>9</sup> [45 CFR 156.230](#) Network Adequacy Standards.



Finally, standards should be capable of accommodating alternative care delivery models. National trends in delivery system reform suggest that provider locations may not be the ideal paradigm through which to view adequacy. As an example, current waiver requests and program implementations emphasize reducing hospital usage, both through increased utilization of alternative providers (such as patient-centered medical homes) and through reducing readmissions when hospital care is inevitable. Assuming that programs to reduce usage of these facilities succeed, hospitals may see reduced prevalence as the center of patient care as services traditionally offered in a hospital setting become available elsewhere.

States may accommodate changing delivery landscapes by shifting from standards addressing provider types and locations to standards addressing access to specific services. The level of specificity associated with required services may be adjusted in accordance with the state's population health goals.

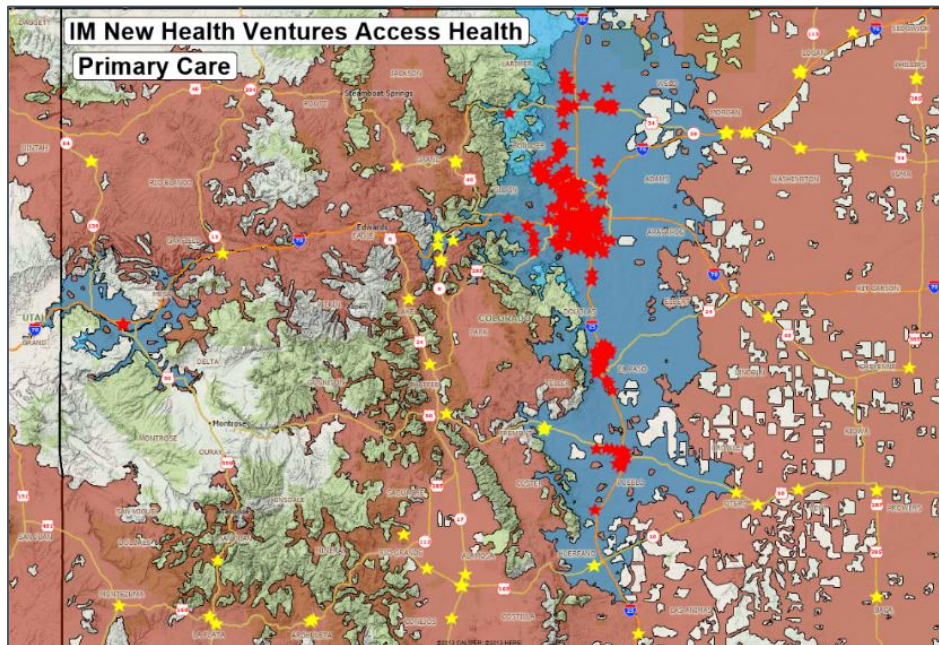


#### IV. Network Adequacy Geographical Drive Time Maps and Analysis

PCG mapped Colorado health insurance networks using professional mapping software in order to provide points of comparison for access across plan types, geography, and provider categories. Maps for each of these networks can be found in the appendices. Upon mapping provider locations and drive times, PCG analyzed network maps by service type, noting differences in maps among all carriers as well as differences among networks for carriers that offer multiple networks in the state. Note: In the individual market, no carriers offer networks that are exclusively outside the exchange while also offering separate networks for plans included in the exchange.

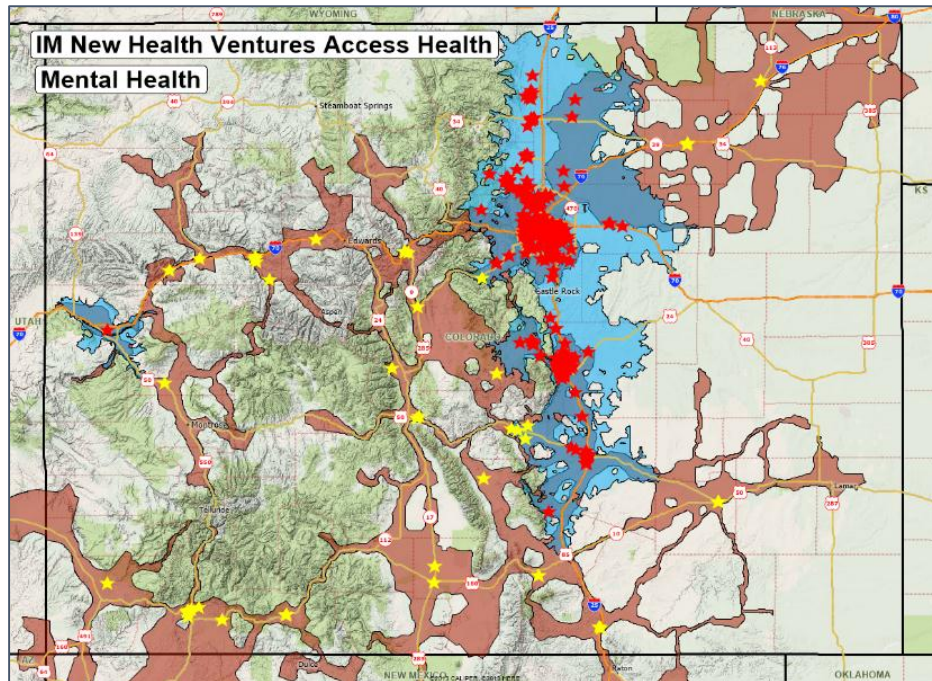
##### *Focusing on Rural Areas*

Colorado is a geographically diverse state: the geography of the Western Slope is vastly different when compared to the Eastern Plains, just as the geography of the Front Range is not the same as that of Grand Mesa. The substantive topographical differences within Colorado have a determinative impact on the location of medical services and the driving times to access those medical services. Take for example, the following, in which a topographic map has been superimposed on two New Health Ventures provider maps.<sup>10</sup>



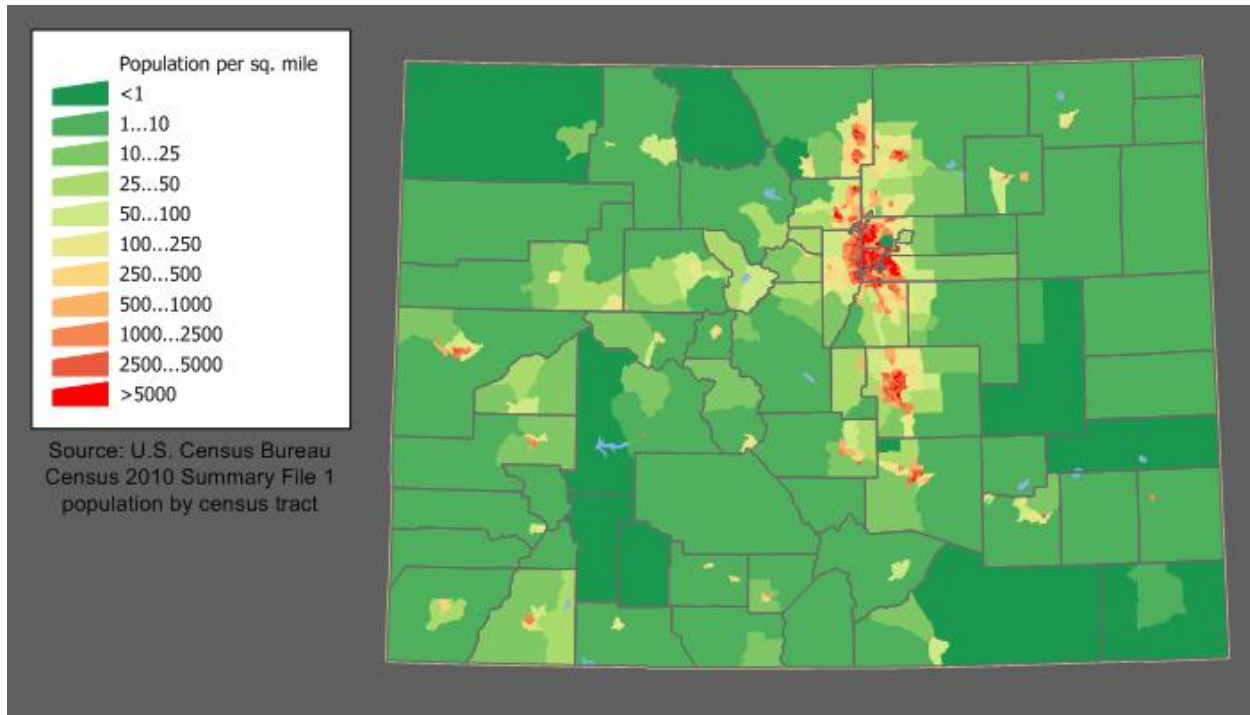
<sup>10</sup> Readers who are reading this report on a computer are reminded that the Microsoft Word's View Tab has a Zoom command enabling the maps to be enlarged so their details can be readily seen.





When examining the above maps, it becomes apparent that the drive bands are molded by the topography of the state, and follow closely the select few main routes for transportation (which are also influenced by the natural geography of the state). The most obvious area where coverage and access are lacking is a combination of the Western Slope, Central Mountains, and Southwest Mountains. In examining provider maps of rural areas it is clear that there are gaps in coverage, for example in the primary care map above there is no coverage in Montrose at the junction of Highways 50 and 550. Providers in the south at Durango and Grand Junction in the west are out of range of Montrose.

Additionally, the population centers of Colorado greatly vary across the regions of the state. Populations are heavily centered in the urban Front Range and Grand Junction areas. The Front Range population from Fort Collins to Pueblo is approximately 4.4 Million people compared with the statewide population of 5.3 Million. The map below provided by the US Census Bureau demonstrate population density across counties which also must be factored into the network adequacy analysis.



Based on current population density and population projections, the Division may wish to require carriers to present an analysis of their rural networks showing the number of rural providers, their locations, and evidence that all major road segments in western Colorado are covered within a reasonable driving time. The Division may wish to incentivize carriers to improve rural coverage where necessary.

### Analysis Overview

The following sections provide an analysis of the ten identified providers and facilities mapped for this assessment. The analysis will examine the following providers and facilities:

- Behavioral Health (Providers)
- Obstetricians (OB/GYN)(Providers)
- Pediatricians (Providers)
- Primary Care Physicians (Providers)
- Specialists (Providers)
- Emergency Clinics (Facilities)
- Hospitals (Facilities)
- Behavioral Health (Facilities)
- Skilled Nursing (Facilities)
- Home Health and Hospice (Providers and Facilities)

Each section gives a holistic overview of the coverage offered and identifies counties with areas of zero or sparse coverage. In areas that offer limited coverage bands, geographic and other considerations including rural vs. urban driving bands are discussed.



Specifically, the analysis examines the various networks that offer the most and least network coverage respective to the other carriers. Additionally, carriers that offer more than one network plan are compared internally to the issuing company for the number of providers, amount of coverage, and other pertinent characteristics. For those with multiple networks there are three designations for exchange presence. These designations are off exchange, on exchange, and both on/off exchange.

The tables in the following section are broken up by issuer and identify the multiple networks they offer. Within the description portion, the networks are compared and any differences are noted as such.

**Behavioral Health Providers**

Hinsdale and Gunnison County consistently have limited network coverage and zero coverage across networks. These are largely mountainous regions that are restricted by limited road access. Additionally, these counties are have low population counts except for major population centers including Lake City, Gunnison, and Crested Butte.

In Eastern Colorado, Las Animas County, Baca, and Prowers County have specific regions outside of the rural driving bands with very limited access to coverage. This limited coverage is likely the result of limited population centers and sparse access by roads. Eastern border counties Sedgwick and Phillips also experienced limited coverage largely as a result of limited population centers and heavy agricultural land use. Northwestern Larimer County on the Wyoming border additionally had limited coverage due to limited access and low population centers.

Western slope counties including Moffatt, Mesa and Rio Blanco also show limited coverage. Mesa County has adequate urban coverage in the major population center of Grand Junction but is found to be lacking in the surrounding areas. This was due to longer driving distances and limited populations.

Additionally, Montrose, Rio Blanco, and San Miguel have areas of sparse coverage. Coverage was limited by a combination of limited driving corridors, mountainous regions, and limited population centers. Road access is limited in Eastern plain regions, Western slope regions, and mountainous areas.

Coverage across these networks offered both on and off of Connect for Health Colorado (the exchange) appear to be the same. IM Time Insurance GHW Cigna PPO offered the least Behavioral Health coverage. Overall there was not coverage in regions outside of the Front Range and Grand Junction. HMO Colorado Enhanced Networks had the strongest Behavioral Health Coverage across the state.

Issuer	Network Name	Exchange Presence
<b>Colorado Choice</b>	CCHP Network	Both
	Community Choice	Both
<b>Description</b>		
Lacking Coverage throughout areas of western slope and mountainous regions, these networks are the same.		



Issuer	Network Name	Exchange Presence
<b>CoOp</b>	CoOp Metro	Both
	CoOp Statewide One	Both
	CoOp Statewide Two	Both
Description		
<p>CoOp Statewide Networks (One and Two) generally lacked coverage in South Eastern Colorado, the Western slope, and specifically, the Norwest Corner of the State. CoOp Metro had strong urban coverage, but limited outside of front range I -25 corridor. Statewide One had stronger statewide coverage than Statewide Two.</p>		

Issuer	Network Name	Exchange Presence
<b>Denver Health</b>	Elevate Basic Network	On
	Elevate Expanded Network	On
Description		
<p>Elevate Basic and Elevate Expanded have similar coverage in the immediate Denver Metro area with no rural coverage.</p>		

Issuer	Network Name	Exchange Presence
<b>HMO Colorado</b>	Pathway X Enhanced	Off
	Pathway X	On
	Pathway X Enhanced -D	On
Description		
<p>Coverage across these networks offered both on and off of Connect for Health Colorado appear to be the exact same.</p>		

Issuer	Network Name	Exchange Presence
<b>Humana</b>	Humana National POS Open Access	Off
	Humana Choice Care PPO	Off
Description		
<p>Both networks offer the same coverage band throughout the urban and rural population centers of Colorado.</p>		

Issuer	Network Name	Exchange Presence
<b>Humana Health</b>	Humana Health Colorado HMOx	Both
	Humana Health National POS Open Access	Both
Description		
<p>Both Humana Health networks were focused in the Front Range region of the state, and both network had almost zero rural coverage.</p>		



Issuer	Network Name	Exchange Presence
<b>Kaiser Family</b>	Kaiser Permanente Denver Boulder	Both
	Kaiser Permanente Northern Colorado	Both
	Kaiser Permanente Southern Colorado	Both
Description		
Kaiser only offers coverage in metropolitan areas with nearly no network coverage in sparsely populated regions. The areas covered by each network are represented in the network name (i.e. Denver Boulder).		

Issuer	Network Name	Exchange Presence
<b>Rocky Mountain HMO</b>	Rocky Mountain Colorado Springs Health Partners Network	Both
	Rocky Mountain HMO Mesa Country Provider Network	Both
	Rocky Mountain HMO Statewide Provider Network	Both
	Rocky Mountain New West Provider Network	Both
Description		
The networks corresponded well to their service areas. The statewide network has good coverage except for regions on the western slope.		

Issuer	Network Name	Exchange Presence
<b>Time Insurance</b>	Aetna Signature Administrators	Off
	GHW Cigna PPO	Off
Description		
GHW Cigna PPO Network had limited overall statewide coverage, especially in all rural areas. Coverage was only present along the front range and Grand Junction areas. Aetna signature had much stronger statewide coverage, although certain mountain regions were still spotty.		

**Obstetricians (OB/GYN)**

Hinsdale County has very little and often zero obstetrician coverage across all mapped networks. This County is sparsely populated and in a mountainous region of Colorado associated with long driving distances. Certain areas of western Larimer County are outside of the normal urban and rural driving bands. This can be attributed to the lower population away from the major cities (i.e. Fort Collins, Loveland), mountainous regions, and longer driving distances.





Western Montrose County has areas of sparse coverage, and the predominantly covered areas in this region of the state comprise the major population center surrounding Grand Junction, in Mesa County. The gaps in coverage can be attributed primarily to the geography of the region, long driving distances and the associated low population of the various counties.

Similar to the western slope, Kit Carson of the eastern plains contains some areas of sparse provider coverage. Also similar to the western slope, the coverage gaps are primarily due to long driving distances and a sparse population.

The least amount of coverage offered is through New Health Ventures Access Health network. The IM CoOp Statewide (One and Two) and IM Time Insurance Aetna Signature Administrators offer a very similar coverage band that encompasses a majority of the state. The New Health Ventures network primarily serves the urban region of Colorado with little or no support for the entire western slope and central mountains. The network also exhibits sparse coverage for those on the eastern plains and south of Pueblo.

Issuer	Network Name	Exchange Presence
<b>Colorado Choice</b>	CCHP Network	Both
	Community Choice	Both
<b>Description</b>		
Lacking Coverage throughout certain areas of the eastern plains, western slope, and mountainous regions, these networks are the same.		

Issuer	Network Name	Exchange Presence
<b>CoOp</b>	CoOp Metro	Both
	CoOp Statewide One	Both
	CoOp Statewide Two	Both
<b>Description</b>		
Some gaps in coverage around low population centers for Statewide One and Two, but they are the nearly the same with Statewide One offering a few more providers. The Metro network offers fewer providers outside the I-25 corridor with some providers in the central mountains and in the southwest.		

Issuer	Network Name	Exchange Presence
<b>Denver Health</b>	Elevate Basic Network	On
	Elevate Expanded Network	On
<b>Description</b>		
Denver Health provides coverage for the Denver Metro area in each network. The Elevate Expanded network also offers coverage for this in the area surrounding Colorado Springs.		



Issuer	Network Name	Exchange Presence
<b>HMO Colorado</b>	Pathway X Enhanced	Off
	Pathway X	On
	Pathway X Enhanced -D	On
<b>Description</b>		
<p>These networks all provide very similar if not identical coverage.</p>		

Issuer	Network Name	Exchange Presence
<b>Humana</b>	Humana National POS Open Access	Off
	Humana Choice Care PPO	Off
<b>Description</b>		
<p>These networks offer the same coverage over a wide range of the state.</p>		

Issuer	Network Name	Exchange Presence
<b>Humana Health</b>	Humana Health Colorado HMOx	Both
	Humana Health National POS Open Access	Both
<b>Description</b>		
<p>These networks are the same encompassing the Front range and Denver metro area.</p>		

Issuer	Network Name	Exchange Presence
<b>Kaiser Family</b>	Kaiser Permanente Denver Boulder	Both
	Kaiser Permanente Northern Colorado	Both
	Kaiser Permanente Southern Colorado	Both
<b>Description</b>		
<p>Kaiser only offers coverage in metropolitan areas nearly no coverage in sparsely populated regions. The areas covered by each network are represented in the network name (i.e. Denver Boulder).</p>		





Issuer	Network Name	Exchange Presence
<b>Rocky Mountain HMO</b>	Rocky Mountain Colorado Springs Health Partners Network	Both
	Rocky Mountain HMO Mesa County Provider Network	Both
	Rocky Mountain HMO Statewide Provider Network	Both
	Rocky Mountain New West Provider Network	Both
Description		
<p>The Statewide network offers the most opportunity for coverage with some gaps over the western slope and mountain regions. New West and Colorado Springs networks are the similar, offering providers along the I-25 corridor with the New West Network focused only on the Denver area and the Colorado Springs network ranging from Denver to Colorado Springs. The Mesa County network is solely focused on the Grand Junction metro area.</p>		

Issuer	Network Name	Exchange Presence
<b>Time Insurance</b>	Aetna Signature Administrators	Off
	GHW Cigna PPO	Off
Description		
<p>These two networks are functionally the same. Each provides statewide coverage with gaps on the Western slope, mountain areas, and Eastern plains in areas of sparse population. Minor differences in provider locations do not have a significant impact on coverage.</p>		

### Pediatricians

Hinsdale County has very little and often zero pediatrician coverage across all mapped networks. This County is sparsely populated and in a mountainous region of Colorado associated with long driving distances. Certain areas of western Larimer County are outside of the normal urban and rural driving bands. This can be attributed to the lower population away from the major cities (i.e. Fort Collins, Loveland), mountainous regions, and longer driving distances.

Several Counties on the Western slope including Garfield, Mesa, Moffat, Montrose, Rio Blanco, and San Miguel have areas of sparse coverage. The predominantly covered areas comprise the major population center surrounding Grand Junction, in Mesa County. The gaps in coverage can be attributed primarily to the geography of the region, long driving distances and the associated low population of the various counties.

Similar to the counties of the western slope, those on the eastern plains including Baca, Cheyenne, Kiowa, Kit Carsen, Phillips, Prowers, Sedgwick, and Yuma contain some areas of sparse provider coverage. Also similar to the western slope, the coverage gaps are primarily due to long driving distances and a sparse population.



The least amount of coverage offered is through New Health Ventures Access Health network. The IM CoOp Statewide (One and Two) and IM Time Insurance Aetna Signature Administrators offer a very similar coverage band that encompasses a majority of the state. The New Health Ventures network primarily serves the urban region of Colorado with little or no support for the entire western slope and central mountains. The network also exhibits sparse coverage for those on the eastern plains and south of Pueblo.

Issuer	Network Name	Exchange Presence
<b>Colorado Choice</b>	CCHP Network	Both
	Community Choice	Both
<b>Description</b>		
Lacking coverage throughout areas of western slope and mountainous regions, these networks are the same.		

Issuer	Network Name	Exchange Presence
<b>CoOp</b>	CoOp Metro	Both
	CoOp Statewide One	Both
	CoOp Statewide Two	Both
<b>Description</b>		
Some gaps in coverage around low population centers for Statewide One and Two, but they are the same. The Metro network offers fewer providers outside the I-25 corridor with some providers in the central mountains and in the southwest.		

Issuer	Network Name	Exchange Presence
<b>Denver Health</b>	Elevate Basic Network	On
	Elevate Expanded Network	On
<b>Description</b>		
Denver Health Elevate Basic offers coverage only within the Denver Metro Area. The Elevate Expanded network offers more coverage along the I-25 Corridor and near Grand Junction.		

Issuer	Network Name	Exchange Presence
<b>HMO Colorado</b>	Pathway X Enhanced	Off
	Pathway X	On
	Pathway X Enhanced -D	On
<b>Description</b>		
These networks provide very similar if not identical coverage throughout a majority of the state.		



Issuer	Network Name	Exchange Presence
<b>Humana</b>	Humana National POS Open Access	Off
	Humana Choice Care PPO	Off
Description		
Both networks are the same and offer coverage to a majority of the state in both urban and rural locations.		

Issuer	Network Name	Exchange Presence
<b>Humana Health</b>	Humana Health Colorado HMOx	Both
	Humana Health National POS Open Access	Both
Description		
The Humana Health networks offer providers from Denver to Colorado Springs showing driving bands within the I-25 corridor. Both networks are nearly the same.		

Issuer	Network Name	Exchange Presence
<b>Kaiser Family</b>	Kaiser Permanente Denver Boulder	Both
	Kaiser Permanente Northern Colorado	Both
	Kaiser Permanente Southern Colorado	Both
Description		
Kaiser only offers coverage in metropolitan areas nearly no coverage in sparsely populated regions. The areas covered by each network are represented in the network name (i.e. Denver Boulder).		



Issuer	Network Name	Exchange Presence
<b>Rocky Mountain HMO</b>	Rocky Mountain Colorado Springs Health Partners Network	Both
	Rocky Mountain HMO Mesa Country Provider Network	Both
	Rocky Mountain HMO Statewide Provider Network	Both
	Rocky Mountain New West Provider Network	Both
<b>Description</b>		
<p>The Statewide network offers the most opportunity for coverage with some gaps over the western slope and mountain regions. New West and Mesa County networks are the same, offering providers along the I-25 corridor, Grand Junction and some areas in the Southwest region. The Colorado Springs network is very similar to the Mesa and New West network with slightly fewer providers.</p>		

Issuer	Network Name	Exchange Presence
<b>Time Insurance</b>	Aetna Signature Administrators	Off
	GHW Cigna PPO	Off
<b>Description</b>		
<p>Aetna Signature Administrators network supports a majority of the state with a number of providers, the GHW Cigna PPO network is centered around Denver with a limited number of providers.</p>		

### Primary Care Physicians

For Primary Care Physicians, the majority of coverage gaps exist around the western slope, central and southwestern mountains and eastern plains. The counties with the sparsest coverage include: Las Animas, Lincoln, Hinsdale, Western Larimer, Mesa (outside of Grand Junction), San Juan, Otero, Bent, Mineral, and Gunnison.

The primary reasons for sparse coverage in these areas involve long drive times due to the rural and frontier nature of the aforementioned counties. These counties are often in mountainous regions or in the eastern plains with limited access to modern roads. Additionally, the population of these counties is considerably lower than other areas within Colorado with the exception of Mesa and Larimer which have a concentrated population center.

The New Health Ventures Access Health Network offers the least amount of coverage for the state. The CoOp Statewide (One and Two), and Time Insurance Aetna Signature Admin network have the most amount of coverage throughout the state. For New Health Ventures, they have far fewer rural providers compared to the other networks mentioned above. The largest gaps in coverage are throughout the western slope, mountainous regions and the eastern plains.



Issuer	Network Name	Exchange Presence
<b>Colorado Choice</b>	CCHP Network	Both
	Community Choice	Both
Description		
<p>Lacking Coverage throughout areas of western slope and mountainous regions, these networks are the same.</p>		

Issuer	Network Name	Exchange Presence
<b>CoOp</b>	CoOp Metro	Both
	CoOp Statewide One	Both
	CoOp Statewide Two	Both
Description		
<p>CoOp Statewide One and Two offer fairly comprehensive coverage throughout the state with gaps primarily in the counties discussed above in the section summary. The CoOp Metro network serves primarily the I-25 Corridor from Pueblo, north to Fort Collins; and certain rural areas including the Central Mountains and Southwest regions of the state.</p>		

Issuer	Network Name	Exchange Presence
<b>Denver Health</b>	Elevate Basic Network	On
	Elevate Expanded Network	On
Description		
<p>These networks are largely similar with a heavy front range and Denver Focus.</p>		

Issuer	Network Name	Exchange Presence
<b>HMO Colorado</b>	Pathway X Enhanced	Off
	Pathway X	On
	Pathway X Enhanced -D	On
Description		
<p>These networks provide very similar if not identical coverage throughout the entire state.</p>		

Issuer	Network Name	Exchange Presence
<b>Humana</b>	Humana National POS Open Access	Off
	Humana Choice Care PPO	Off
Description		
<p>These network offer the same coverage band throughout a majority of the state.</p>		



Issuer	Network Name	Exchange Presence
<b>Humana Health</b>	Humana Health Colorado HMOx	Both
	Humana Health National POS Open Access	Both
Description		
<p>Both Humana Health networks offer the same provider coverage along the I-25 Corridor from Pueblo north to Fort Collins.</p>		

Issuer	Network Name	Exchange Presence
<b>Kaiser Family</b>	Kaiser Permanente Denver Boulder	Both
	Kaiser Permanente Northern Colorado	Both
	Kaiser Permanente Southern Colorado	Both
Description		
<p>Each Kaiser network offers a small coverage footprint specific to the area of network name (i.e. Denver Boulder). The largest coverage area is in the Colorado Springs network because it includes some rural driving bands.</p>		

Issuer	Network Name	Exchange Presence
<b>Rocky Mountain HMO</b>	Rocky Mountain Colorado Springs Health Partners Network	Both
	Rocky Mountain HMO Mesa Country Provider Network	Both
	Rocky Mountain HMO Statewide Provider Network	Both
	Rocky Mountain New West Provider Network	Both
Description		
<p>The Rocky Mountain HMO Statewide network offers coverage for a majority of the state with some gaps as previously identified in the above summary. Similar to Kaiser, the other Rocky Mountain networks are specific to urban regions of the state; New West (Denver), Colorado Springs, and Mesa County (Grand Junction).</p>		



Issuer	Network Name	Exchange Presence
<b>Time Insurance</b>	Aetna Signature Administrators	Off
	GHW Cigna PPO	Off
Description		
<p>The GHW Cigna PPO network offers a slightly smaller coverage area than the Aetna Signature Administrators. The GHW Cigna PPO also contains fewer providers throughout the rural areas of the state including the western slope, central and southwest mountains in addition to the eastern plains.</p>		

**Specialists**

Hinsdale County has very little and often zero coverage across mapped networks. This County is sparsely populated and in a mountainous region of Colorado associated with long driving distances. Mineral County is similar to Hinsdale but with slightly more inclusive coverage. Finally, Western Montrose County also has similar issues, albeit to a lesser extent than Mineral County.

Certain areas of western Larimer County are outside of the normal urban and rural driving bands. This can be attributed to the lower population away from the major cities (i.e. Fort Collins and Loveland), mountainous regions, and longer driving distances.

Western Montrose County has areas of sparse coverage. The predominantly covered areas in this region of the state comprise the major population center surrounding Grand Junction, in Mesa County. The gaps in coverage can be attributed primarily to the geography of the region, long driving distances and the associated low population of the various counties.

Similar to the western slope, Mineral and Baca Counties in the Eastern Plains contain some areas of sparse provider coverage. Also similar to the western slope, the coverage gaps are primarily due to long driving distances and a sparse population.

The least amount of coverage for a statewide network offered is through New Health Ventures Access Health network. The IM CoOp Statewide (One and Two) and All Savers - Navigate offer a very similar coverage band that encompasses a majority of the state.

The New Health Ventures network primarily serves the urban region and northern tier of Colorado with little or no support for the entire western slope, central mountains, and southeast area of the state.

Issuer	Network Name	Exchange Presence
<b>Colorado Choice</b>	CCHP Network	Both
	Community Choice	Both
Description		
<p>Lacking Coverage throughout areas of eastern plains, western slope, and mountainous regions; these networks are the same.</p>		





Issuer	Network Name	Exchange Presence
<b>CoOp</b>	CoOp Metro	Both
	CoOp Statewide One	Both
	CoOp Statewide Two	Both

**Description**

Some gaps in coverage around low population centers for Statewide One and Two, they are nearly the same though Statewide One has a slightly more providers. The Metro network offers few providers outside the I-25 corridor with some along the southwest and central mountains.

Issuer	Network Name	Exchange Presence
<b>Denver Health</b>	Elevate Basic Network	On
	Elevate Expanded Network	On

**Description**

Denver Health provides coverage for the Denver Metro area and front range in each network with slightly expanded coverage in the elevate expanded network.

Issuer	Network Name	Exchange Presence
<b>HMO Colorado</b>	Pathway X Enhanced	Off
	Pathway X	On
	Pathway X Enhanced -D	On

**Description**

These networks provide very similar if not identical coverage throughout a majority of the state.

Issuer	Network Name	Exchange Presence
<b>Humana</b>	Humana National POS Open Access	Off
	Humana Choice Care PPO	Off

**Description**

Both Humana networks offer a large coverage area throughout the urban and rural population centers of Colorado. The networks appear to be largely the same.



Issuer	Network Name	Exchange Presence
<b>Humana Health</b>	Humana Health Colorado HMOx	Both
	Humana Health National POS Open Access	Both
	<b>Description</b>	
<p>The Humana Health Networks are the same, the coverage area includes the I-25 Corridor and the Front Range.</p>		

Issuer	Network Name	Exchange Presence
<b>Kaiser Family</b>	Kaiser Permanente Denver Boulder	Both
	Kaiser Permanente Northern Colorado	Both
	Kaiser Permanente Southern Colorado	Both
<b>Description</b>		
<p>Kaiser only offers coverage in metropolitan areas nearly no coverage in sparsely populated regions. The areas covered by each network are represented in the network name (i.e. Denver Boulder).</p>		

Issuer	Network Name	Exchange Presence
<b>Rocky Mountain HMO</b>	Rocky Mountain Colorado Springs Health Partners Network	Both
	Rocky Mountain HMO Mesa Country Provider Network	Both
	Rocky Mountain HMO Statewide Provider Network	Both
	Rocky Mountain New West Provider Network	Both
<b>Description</b>		
<p>The Statewide network offers the most opportunity for coverage. There is a significant coverage gap in the Southeast region of the state and additional gaps over the western slope and mountain regions. New West offers providers along the I-25 corridor focused on the Denver area. The Colorado Springs network ranges from Denver to Colorado Springs with some mountain coverage as well. The Mesa County network is solely focused on the Grand Junction metro area.</p>		



Issuer	Network Name	Exchange Presence
<b>Time Insurance</b>	Aetna Signature Administrators	Off
	GHW Cigna PPO	Off
Description		
<p>These two networks are functionally the same. Each provides statewide coverage with gaps on the Western slope, mountain areas, and Eastern plains in areas of sparse population. Minor differences in provider locations do not have a significant impact on coverage.</p>		

### Emergency Clinics

Emergency clinics represent all urgent care and similar facilities across the state. These are typically standalone facilities but also represent emergency departments attached to hospitals.

Drive-time data for Emergency Clinics shows significant gaps in the Eastern Plains, Western Slope, and central mountain areas of Colorado. Mountains and sparsely populated areas appear to be the main reason for the lack of coverage in areas with little to no facilities. All Savers networks, Navigate, and Denver Health provided data with no identifiable facilities for this analysis, and while CoOp Statewide may provide the most comprehensive statewide coverage, the network still has only sparse Emergency Clinic coverage across the state.

Issuer	Network Name	Exchange Presence
<b>Colorado Choice</b>	CCHP Network	Both
	Community Choice	Both
Description		
<p>Colorado Choice coverage was very similar and focused on the Denver Metro area.</p>		

Issuer	Network Name	Exchange Presence
<b>CoOp</b>	CoOp Metro	Both
	CoOp Statewide One	Both
	CoOp Statewide Two	Both
Description		
<p>All Co-Op networks provide coverage on the I-25 corridor from Denver to Pueblo. Statewide One provides the most coverage across the entire state but still includes significant gaps throughout the state, with the data showing no coverage in the southeast corridor. Statewide Two has coverage in Eagle, Park, and Summit counties as well as in La Plata and San Miguel, but lacks coverage in the rest of the state. Central Metro provides similar coverage to Statewide Two.</p>		



Issuer	Network Name	Exchange Presence
<b>Denver Health</b>	Elevate Basic Network	On
	Elevate Expanded Network	On
<b>Description</b>		
Denver Health provides coverage for the Denver Metro area in each network.		

Issuer	Network Name	Exchange Presence
<b>HMO Colorado</b>	Pathway X Enhanced	On
	Pathway X	Off
	Pathway X Enhanced -D	On
<b>Description</b>		
Data was not available for the HMO Colorado networks.		

Issuer	Network Name	Exchange Presence
<b>Humana</b>	Humana National POS Open Access	Off
	Humana Choice Care PPO	Off
<b>Description</b>		
These networks provide a similar coverage area along the I-25 Corridor and Front Range. National POS Open Access offers an additional facility in the Central Mountains.		

Issuer	Network Name	Exchange Presence
<b>Humana Health</b>	Humana Health Colorado HMOx	Both
	Humana Health National POS Open Access	Both
<b>Description</b>		
These networks are the same and only offer coverage along the I-25 Corridor and Front Range.		



Issuer	Network Name	Exchange Presence
<b>Kaiser Family</b>	Kaiser Permanente Denver Boulder	Both
	Kaiser Permanente Northern Colorado	Both
	Kaiser Permanente Southern Colorado	Both
Description		
<p>Kaiser only offers coverage in metropolitan areas nearly no coverage in sparsely populated regions. The areas covered by each network are represented in the network name (i.e. Denver Boulder).</p>		

Issuer	Network Name	Exchange Presence
<b>Rocky Mountain HMO</b>	Rocky Mountain Colorado Springs Health Partners Network	Both
	Rocky Mountain HMO Mesa Country Provider Network	Both
	Rocky Mountain HMO Statewide Provider Network	Both
	Rocky Mountain New West Provider Network	Both
Description		
<p>The Statewide network offers the most opportunity for coverage. There is a significant coverage gap in the Northeast region of the state and additional gaps over the western slope and mountain regions as well as areas of the eastern plains. The New West, Colorado Springs, and Mesa County networks provide very similar coverage that has facilities on the I-25 corridor, the southwest corner of the state, and the Eagle, Summit, Park, and Clear Creek County area.</p>		

Issuer	Network Name	Exchange Presence
<b>Time Insurance</b>	Aetna Signature Administrators	Off
	GHW Cigna PPO	Off
Description		
<p>Each network provides significant coverage for the I-25 corridor. Beyond that each network has sparse coverage. Aetna Signature Administrators provides some western slope and Grand Junction area coverage. GHW Cigna PPO provides coverage in Grand Junction and Otero County.</p>		



**Hospital Facilities**

Hinsdale County and eastern Montrose County consistently have limited hospital coverage, largely due to mountains regions with limited road access. Additionally, these counties have low population counts, with exceptions for some sporadic population centers including Lake City, Gunnison, and Crested Butte.

In Eastern Colorado, eastern Las Animas County has specific regions outside of the rural driving bands. This limited coverage is likely the result of limited population centers and sparse access by roads. North Eastern Larimer County on the Wyoming border additionally has limited coverage due to limited access and low population. Northeastern Weld County on the Wyoming border also sees sparse coverage.

Western slope counties including north western Moffatt County, Mesa County and Rio Blanco County additionally experienced limited coverage. Mesa County had adequate urban coverage in the major population center of Grand Junction but was lacking in the surrounding areas. This was due to longer driving distances and limited populations. Additionally, Western Montrose County on the Utah border experienced limited coverage. Rio Blanco and San Miguel have areas of sparse coverage.

Coverage was limited by a combinations of limited driving corridors, mountainous regions, and limited population centers. Road access was limited in both Eastern plain regions, Western slope regions, and mountainous areas. Coverage across these networks offered both on and off of Connect for Health Colorado appear to be the exact same.

New Health Ventures Access Health had limited coverage in the eastern plains and mountain regions. Time Insurance, Aetna Signature Administrators had the strongest coverage across the state.

Issuer	Network Name	Exchange Presence
<b>Colorado Choice</b>	CCHP Network	Both
	Community Choice	Both
<b>Description</b>		
Overall good coverage in comparison to service areas. Lacking coverage throughout most of the western slope and some mountainous regions, these networks are the same.		

Issuer	Network Name	Exchange Presence
<b>CoOp</b>	CoOp Metro	Both
	CoOp Statewide One	Both
	CoOp Statewide Two	Both
<b>Description</b>		
Very similar coverage across all 3 networks. Overall good coverage in comparison to service area. General lack of coverage in Hinsdale county and Western Montrose county.		



Issuer	Network Name	Exchange Presence
<b>Denver Health</b>	Elevate Basic Network	On
	Elevate Expanded Network	On
Description		
Elevate Basic and Elevate Expanded have similar coverage in the Denver Metro Front Range regions.		

Issuer	Network Name	Exchange Presence
<b>HMO Colorado</b>	Pathway X Enhanced	On
	Pathway X	Off
	Pathway X Enhanced -D	On
Description		
Mesa, Archuleta, and Hinsdale counties have the least amount of coverage, though all three plans have significant state coverage, and are almost identical.		

Issuer	Network Name	Exchange Presence
<b>Humana</b>	Humana National POS Open Access	Off
	Humana Choice Care PPO	Off
Description		
National POS offers coverage to a large portion of the state whereas the Choice Care PPO only offers coverage surrounding the I-25 Corridor and Front Range.		

Issuer	Network Name	Exchange Presence
<b>Humana Health</b>	Humana Health Colorado HMOx	Both
	Humana Health National POS Open Access	Both
Description		
These networks are the same and only offer coverage along the I-25 Corridor and Front Range.		





Issuer	Network Name	Exchange Presence
<b>Kaiser Family</b>	Kaiser Permanente Denver Boulder	Both
	Kaiser Permanente Northern Colorado	Both
	Kaiser Permanente Southern Colorado	Both
Description		
<p>Kaiser only offers coverage in metropolitan areas nearly no coverage in sparsely populated regions. The areas covered by each network are represented in the network name (i.e. Denver Boulder).</p>		

Issuer	Network Name	Exchange Presence
<b>Rocky Mountain HMO</b>	Rocky Mountain Colorado Springs Health Partners Network	Both
	Rocky Mountain HMO Mesa Country Provider Network	Both
	Rocky Mountain HMO Statewide Provider Network	Both
	Rocky Mountain New West Provider Network	Both
Description		
<p>The Statewide network offers the most opportunity for coverage with some gaps over the western slope and mountain regions and into the eastern plains. The Mesa County network offers coverage specific to the region surrounding Grand Junction. The Colorado Springs network is similar to the New West network, but with more rural facilities in-network.</p>		

Issuer	Network Name	Exchange Presence
<b>Time Insurance</b>	Aetna Signature Administrators	Off
	GHW Cigna PPO	Off
Description		
<p>Both networks had similar coverage but have different areas of rural coverage. Both network cover a varying degree of the southwestern portion of the state. GHW Cigna PPO appears to offer a slightly larger coverage area. Both Humana Health networks were focused in the Front Range region of the state, and both networks had limited rural coverage.</p>		



**Behavioral Health Facilities**

For behavioral health facilities, the largest areas with zero or sparse coverage exist throughout the western slope, central and southwest mountains and the eastern plains. Counties with essentially zero or sparse coverage include: Logan, Phillips, Yuma, Kit Carson, Cheyenne, Baca, Costilla, Huerfano, Custer, Fremont, Saguache, Conejos, Hinsdale, Chaffee, Gunnison, Montrose, Mesa (outside of Grand Junction), Western Larimer, Garfield, Rio Blanco, Moffat, and Washington.

The primary reasons for sparse coverage in these areas involve long drive times due to the rural and frontier nature of the aforementioned counties. These counties are often in mountainous regions or in the eastern plains with limited access to modern roads. Additionally, the population of these counties is considerably less dense than that of other areas within Colorado, with the exception of Mesa and Larimer which have a concentrated population center.

The following networks did not include behavioral health facilities as a part of their network data:

- All Savers - Navigate
- Cigna - Cigna Local Plus
- Denver Health - Elevate basic and Elevate Expanded
- Humana- Humana Choice PPO
- Humana Health Colorado HMOx and National POS Open Access

The Time Insurance Aetna Signature Administrators and GHW Cigna PPO offered the widest ranges of coverage for the state of Colorado. Multiple networks did not provide behavioral health facility data (listed above) whereas the Time Insurance networks illustrated the largest number of behavioral health facilities.

Issuer	Network Name	Exchange Presence
<b>Colorado Choice</b>	CCHP Network	Both
	Community Choice	Both
<b>Description</b>		
Lacking Coverage throughout areas outside of the I-25 Corridor, these networks are the same.		

Issuer	Network Name	Exchange Presence
<b>CoOp</b>	CoOp Metro	Both
	CoOp Statewide One	Both
	CoOp Statewide Two	Both
<b>Description</b>		
There are large gaps in coverage around low population centers for Statewide One. The Metro and Statewide Two networks offer fewer providers outside the I-25 corridor with some providers in the central mountains and in the southwest.		



Issuer	Network Name	Exchange Presence
<b>Denver Health</b>	Elevate Basic Network	On
	Elevate Expanded Network	On
Description		
No network Data was Provided.		

Issuer	Network Name	Exchange Presence
<b>HMO Colorado</b>	Pathways Enhanced	Off
	Pathways X Enhanced	On
	Pathways X Enhanced - D	On
Description		
All three HMO Colorado Behavioral Health Facilities maps are the same with equivalent coverage areas. These maps provide coverage throughout the I-25 corridor. There are large gaps in coverage around low population centers including the Northeast, Northwest and Southwest areas of the state.		

Issuer	Network Name	Exchange Presence
<b>Humana</b>	Humana National POS Open Access	Off
	Humana Choice Care PPO	Off
Description		
Humana Choice Care PPO does not offer Behavioral Health Facility coverage whereas the National POS offers Front Range and I-25 corridor coverage.		

Issuer	Network Name	Exchange Presence
<b>Humana Health</b>	Humana Health Colorado HMOx	Both
	Humana Health National POS Open Access	Both
Description		
No network Data was Provided.		



Issuer	Network Name	Exchange Presence
<b>Kaiser Family</b>	Kaiser Permanente Denver Boulder	Both
	Kaiser Permanente Northern Colorado	Both
	Kaiser Permanente Southern Colorado	Both
<b>Description</b>		
<p>Kaiser only offers coverage in metropolitan areas nearly no coverage in sparsely populated regions. The areas covered by each network are represented in the network name (i.e. Denver Boulder).</p>		

Issuer	Network Name	Exchange Presence
<b>Rocky Mountain HMO</b>	Rocky Mountain Colorado Springs Health Partners Network	Both
	Rocky Mountain HMO Mesa Country Provider Network	Both
	Rocky Mountain HMO Statewide Provider Network	Both
	Rocky Mountain New West Provider Network	Both
<b>Description</b>		
<p>The Statewide network offers the most opportunity for coverage with some gaps over the western slope, mountainous regions and into the eastern plains. The Mesa County network offers coverage specific to the region surrounding Grand Junction. The Colorado Springs network is very similar to the New West network with slightly fewer facilities in the south.</p>		

Issuer	Network Name	Exchange Presence
<b>Time Insurance</b>	Aetna Signature Administrators	Off
	GHW Cigna PPO	Off
<b>Description</b>		
<p>Both networks are fairly similar but have different areas of rural coverage. The GHW Cigna PPO covers more of Northeastern Colorado whereas the Aetna Signature Administrators network covers more of the northwestern region. Both networks cover a varying degree of the southwestern portion of the state.</p>		



**Skilled Nursing Facilities**

The Southwest and Southeast corners of the state, in addition to Hinsdale County and Western Larimer, have poor coverage. Mountains and sparse population areas appear to be the main reason for the lack of coverage in areas with little to no facilities.

All Savers Navigate, and Denver Health provided data with no identifiable facilities for this analysis. The IM CoOp, HMO Colorado, and Rocky Mountain HMO all provide a very similar coverage band that encompasses a significant area of the state.

Issuer	Network Name	Exchange Presence
<b>Colorado Choice</b>	CCHP Network	Both
	Community Choice	Both
<b>Description</b>		
Lacking Coverage throughout areas of western slope and mountainous regions, these networks are the same.		

Issuer	Network Name	Exchange Presence
<b>CoOp</b>	CoOp Metro	Both
	CoOp Statewide One	Both
	CoOp Statewide Two	Both
<b>Description</b>		
Statewide One has coverage through the I-25 Corridor and the Northern tier of the state. Statewide Two and Central Metro provide similar coverage that has significant gaps in the mountains in the middle of the state as well as Kit Carson and Garfield Counties.		

Issuer	Network Name	Exchange Presence
<b>Denver Health</b>	Elevate Basic Network	On
	Elevate Expanded Network	On
<b>Description</b>		
Data for Denver Health was not available.		

Issuer	Network Name	Exchange Presence
<b>HMO Colorado</b>	Pathway X Enhanced	Off
	Pathway X	On
	Pathway X Enhanced -D	On
<b>Description</b>		
These networks provide very similar if not identical coverage.		



Issuer	Network Name	Exchange Presence
<b>Humana</b>	Humana National POS Open Access	Off
	Humana Choice Care PPO	Off
Description		
<p>The National POS Open Access network provides a much larger coverage band including rural areas when compared with the Choice Care PPO, which primarily serves the Front Range and I-25 Corridor.</p>		

Issuer	Network Name	Exchange Presence
<b>Humana Health</b>	Humana Health Colorado HMOx	Both
	Humana Health National POS Open Access	Both
Description		
<p>These networks appear to be the same and cover those living along the I-25 Corridor and Front Range.</p>		

Issuer	Network Name	Exchange Presence
<b>Kaiser Family</b>	Kaiser Permanente Denver Boulder	Both
	Kaiser Permanente Northern Colorado	Both
	Kaiser Permanente Southern Colorado	Both
Description		
<p>Kaiser only offers coverage in metropolitan areas nearly no coverage in sparsely populated regions. The areas covered by each network are represented in the network name (i.e. Denver Boulder).</p>		



Issuer	Network Name	Exchange Presence
<b>Rocky Mountain HMO</b>	Rocky Mountain Colorado Springs Health Partners Network	Both
	Rocky Mountain HMO Mesa Country Provider Network	Both
	Rocky Mountain HMO Statewide Provider Network	Both
	Rocky Mountain New West Provider Network	Both
<b>Description</b>		
<p>The Statewide network offers the most opportunity for coverage. There is a significant coverage gap in the Southeast region of the state and additional gaps over the western slope and mountain regions. New West offers providers along the I-25 corridor focused on the Denver area. The Colorado Springs and Mesa County networks ranging from Denver to Colorado Springs with some mountain, western slope, and eastern plain coverage as well and are very similar in appearance to the statewide network.</p>		

Issuer	Network Name	Exchange Presence
<b>Time Insurance</b>	Aetna Signature Administrators	Off
	GHW Cigna PPO	Off
<b>Description</b>		
<p>Aetna Signature Administrators provides coverage on the I-25 corridor with additional limited coverage in the mountains and northern tier of the state. Cigna PPO provides similar I-25 corridor coverage with slightly expanded coverage on the eastern plains, and western slope, though coverage in those two areas is limited.</p>		





### Home Health and Hospice Providers and Facilities

The largest areas with zero or sparse coverage exist throughout the western slope, central and southwest mountains with decent coverage over the eastern plains. Counties with essentially zero or sparse coverage include: Rio Blanco, Garfield, Mesa (outside of Grand Junction), Montrose, Hinsdale, Saguache, Mineral, Western Larimer, and Archuleta.

The primary reasons for sparse coverage in these areas involve long drive times due to the rural and frontier nature of the aforementioned counties. These counties are often in mountainous regions or in the eastern plains with limited access to modern roads. Additionally, the population of these counties is considerably lower than other areas within Colorado, with the exception of Mesa and Larimer which have concentrated population centers.

Issuer	Network Name	Exchange Presence
<b>Colorado Choice</b>	CCHP Network	Both
	Community Choice	Both
<b>Description</b>		
<p>These networks are the same and offer no coverage in the western slope, but this is outside of their service area. The networks cover the I-25 corridor and the Eastern plains.</p>		

Issuer	Network Name	Exchange Presence
<b>CoOp</b>	CoOp metro	Both
	CoOp Statewide one	Both
	CoOp statewide two	Both
<b>Description</b>		
<p>There are limited gaps in coverage around low population centers for Statewide one. The Metro network and Statewide 2 offer fewer providers outside the I-25 corridor with some providers in the central mountains towards Grand Junction in the southwest, and certain regions in the northeastern and southeastern plains.</p>		

Issuer	Network Name	Exchange Presence
<b>Denver Health</b>	Elevate Basic Network	
	Elevate Expanded Network	
<b>Description</b>		
<p>No Data was provided for the Denver Health networks.</p>		



Issuer	Network Name	Exchange Presence
<b>HMO Colorado</b>	Pathway X Enhanced	On
	Pathway X	Off
	Pathway X Enhanced -D	On
Description		
<p>Mesa, Archuleta, and Hinsdale counties have the least amount of coverage, though all three plans have significant state coverage.</p>		

Issuer	Network Name	Exchange Presence
<b>Humana</b>	Humana National POS Open Access	Off
	Humana Choice Care PPO	Off
Description		
<p>National POS Open Access offers a large range of coverage throughout the majority of the state with coverage gaps in the aforementioned areas of sparse coverage throughout the state. Choice Care PPO offers slightly less coverage in the northwestern most portion of the state.</p>		

Issuer	Network Name	Exchange Presence
<b>Humana Health</b>	Humana Health Colorado HMOx	Both
	Humana Health National POS Open Access	Both
Description		
<p>Colorado HMOx offers a slightly larger coverage band that extends into the Central mountains in addition to the I-25 Corridor.</p>		

Issuer	Network Name	Exchange Presence
<b>Kaiser Family</b>	Kaiser Permanente Denver Boulder	Both
	Kaiser Permanente Northern Colorado	Both
	Kaiser Permanente Southern Colorado	Both
Description		
<p>Kaiser only offers coverage in metropolitan areas nearly no coverage in sparsely populated regions (with the exception of Southern Colorado). The areas covered by each network are represented in the network name (i.e. Denver Boulder).</p>		



Issuer	Network Name	Exchange Presence
<b>Rocky Mountain HMO</b>	Rocky Mountain Colorado Springs Health Partners Network	Both
	Rocky Mountain HMO Mesa County Provider Network	Both
	Rocky Mountain HMO Statewide Provider Network	Both
	Rocky Mountain New West Provider Network	Both
<b>Description</b>		
<p>The Statewide network offers the most opportunity for coverage with some gaps over the western slope and mountain regions and into the eastern plains. The Mesa County network offers coverage specific to the region surrounding Grand Junction. The Colorado Springs network is very similar to the New West network (Denver Metro Area) with slightly fewer facilities in the south.</p>		

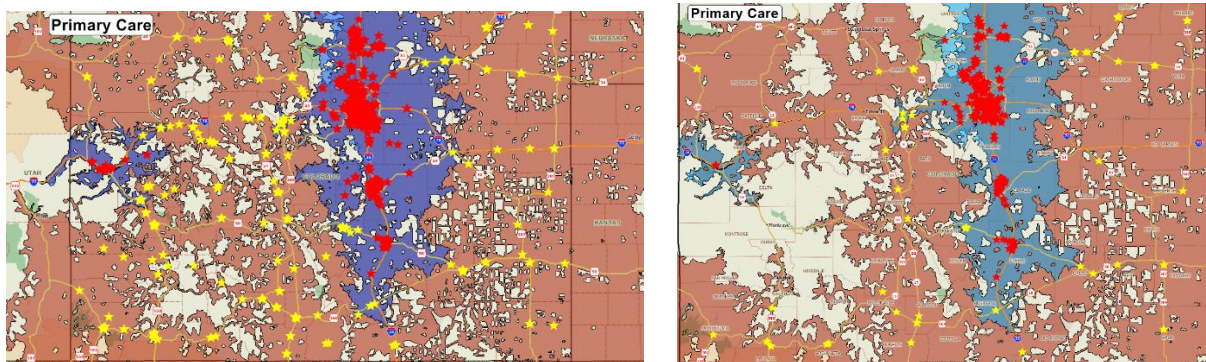
Issuer	Network Name	Exchange Presence
<b>Time Insurance</b>	Aetna Signature Administrators	Off
	GHW Cigna PPO	Off
<b>Description</b>		
<p>Both networks are fairly similar but have different areas of rural coverage. The GHW Cigna PPO covers more of Northeastern Colorado whereas the Aetna Signature network covers more of the northwestern region. Both network cover a varying degree of the southwestern portion of the state. GHW Cigna PPO appears to offer a slightly larger coverage area.</p>		

## V. Recommendations

After initial review of provider and facility networks in the individual market in Colorado, PCG makes the following six recommendations:

***Recommendation #1: Consider limiting service areas of plans with severely limited network access to covered services or other corrective action.***

In reviewing geographical access maps, it is clear that some networks are severely limited in comparison to peer networks and may not provide reasonable access to covered services. For example, consider the two network maps below demonstrating primary care access. It is notable that the map represented on the right does not cover significant areas of the state covered by the network on the left. For networks where this trend is generally observed across provider types, limiting the carrier to services areas where networks provide sufficient access is one course of action. Another course of action is to require carriers to develop Corrective Action Plans to submit to DORA outlining plans to address adequacy issues. DORA should monitor these networks over time to ensure networks are expanded if plans continue to be sold in these regions.



***Recommendation #2: Factor in plan enrollee data to further evaluate network access.***

While the maps provided in this analysis demonstrate geographical drive time access to providers, there are limitations in understanding where the actual plan members are located. If plan members are not located in areas of shortage, then access is not an issue. There are several ways to incorporate this information into network analysis, including:

- Analysis of member address data in conjunction with drive time analysis (in other words, enrollee data would be mapped alongside provider data to see where populations of members exist without access to covered benefits).
- Submission of statistics from carriers to demonstrate the percentage of enrollees with access within specified drive time standards.
- Evaluation of state population data in conjunction with drive time analysis (this would not require enrollee data, but also does not give a clear picture of enrollee population specific to carrier).



***Recommendation #3: Develop targeted drive time standards for key service types and evaluate networks against these standards on an ongoing basis.***

As agreed upon by the Division and PCG, an initial drive time standard was established for each provider or facility type and used as an input in creating the maps included in this report. The Division determined that urban and rural areas should have different drive time standards due to a lack of providers in rural areas. Based on these maps, these drive time standards seem generally realistic and appropriate for most services. For analysis of network adequacy in the future, DORA should set similar standards as an evaluation benchmark, but not necessarily a base certification requirement. Overly-stringent standards may limit competition in the marketplace, but an evaluation, justification, and mitigation process could be established to monitor adherence to these benchmark standards on an ongoing basis.

<b>DRIVE BAND CALCULATIONS</b>		
<b>PROVIDERS</b>		
<b>FILE TYPE</b>	<b>URBAN DRIVE TIME (mins)</b>	<b>RURAL DRIVE TIME (mins)</b>
Mental Health Practitioners	30	60
Obstetricians (OB/GYN)	45	90
Pediatricians	45	90
Primary Care Physicians (PCPs)	45	90
Specialists	60	90
<b>FACILITIES</b>		
<b>FILE TYPE</b>	<b>URBAN DRIVE TIME (mins)</b>	<b>RURAL DRIVE TIME (mins)</b>
Emergency Clinics	30	60
Essential Community Providers	30	60
Hospitals	45	90
Skilled Nursing Facilities	45	90
Mental Health Facilities	45	90
<b>Facilities and Providers Combined</b>		
<b>FILE TYPE</b>	<b>URBAN DRIVE TIME (mins)</b>	<b>RURAL DRIVE TIME (mins)</b>
Home Health & Hospice	45	90

***Recommendation #4: Develop data collection standards to operationalize network adequacy review.***

PCG has provided DORA with recommended data collection templates that include standardized provider types. These data collection templates would allow streamlined mapping and network analysis so that DORA would be able to monitor plan networks on an ongoing basis. CMS has developed federal templates for collection of all plan network data for carriers participating in the Federally-Facilitated Marketplace (FFM). Aligning with this format and set of provider type classifications may make it easier for carriers already working to align with this data standard in other states. An example data collection template is included below.

- Unique Identifier Number: Provider maps can use the NPI number, or another number that makes each entry a unique entry;
- Coded Specialty: A list of provider and facility types would be promulgated and this list would be used by carriers to identify the kind of medical provider
- Street Address: This format will be the following: Street Number, Street Name. This format must be stripped of all suite numbers, apartment numbers, or anything else following the street name;
- Street Address 2: This is where the suite number, apartment number, building number or anything else following the street name is to be recorded;
- City: The name of the city;
- State: The state name or abbreviation of the state;
- Zip: Only the five-digit zip code;
- County: The name of the county.

***Recommendation #5: Address other network adequacy components such as availability of network information to consumers, provider directory standards, and integration with accreditation process.***

According to federal requirements<sup>11</sup>, carriers are required to maintain an up-to-date provider directory for publication online and in hard copy upon request to ensure consumer access to network providers. The directory must identify providers that are not accepting new patients. These typically allow consumers to search for specific providers but may not give an overall picture of network access. DORA could use provider directory requirements as an outlet to increase transparency of provider access.

Additional language accessibility standards for provider directories could be considered, including materials being made available in non-English languages, or an indication in the online provider directories of languages spoken at the provider location.

It should be noted that Federally-approved accreditation entities review issuer network adequacy policies and procedures as part of the accreditation process. Entities differ in their requirements for network policies, but in general, issuers are accredited based on their established network access plans, goals, and performance improvement. To become accredited, issuer policies must include standards for access to medical care, including primary care and emergency care. DORA should take these standards into consideration and align state-specific network adequacy standards with these requirements.

***Recommendation #6: Consider aligning with national network adequacy standards and initiatives***

While network adequacy standards must be considered within the context of each state, especially a state like Colorado, there are ongoing initiatives nationally to address national trends towards narrow networks

---

<sup>11</sup> 45 CFR Section 156.230(b): Access to provider directory. A QHP issuer must make its provider directory for a QHP available to the Exchange for publication online in accordance with guidance from the Exchange and to potential enrollees in hard copy upon request. In the provider directory, a QHP issuer must identify providers that are not accepting new patients



and network adequacy evaluation. Where possible, DORA should consider aligning standards with these initiatives to reduce administrative burden on carriers and benefit from existing collaboration among stakeholders. For example, the National Association of Insurance Commissioners (NAIC) have an existing model act titled: “Managed Care Plan Network Adequacy Act.” This act is for the purpose and intent to establish standards for the creation and maintenance of networks by health carriers and to assure the adequacy, accessibility and quality of health care services offered under a managed care plan. States may use this act to establish regulatory guidelines in their respective state related to network adequacy. It also should be noted that the NAIC is currently making revisions to this model act that would align with the federal standards set forth in the ACA.



