POLICY

Title:	RMHP Network Provider Selection and Retention
Policy Number:	PNM-025
Department/Owner(s)	Provider Network Management
Creator(s):	A.W.
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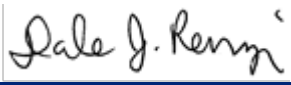
Signature:	

1.0 Definitions

1.1 ACC: Accountable Care Collaborative

1.2 CHP+: Child Health Plan Plus

1.3 CMHC: Community Mental Health Centers

1.4 CSNP: Comprehensive Safety Net Providers

1.5 FQHC: Federally Qualified Health Centers

1.6 Health First Colorado: Colorado's Medicaid Program

1.7 NCQA: National Committee for Quality Assurance

1.8 ASO: Administrative Services Organization

1.9 NHP: Northeast Health Partners

1.10 PRIME: A managed care program for Medicaid members

1.11 Provider Network Management: is a collaborative function managed across multiple departments, including UnitedHealthcare (UHC) and Optum, to support Rocky Mountain Health Plans (RMHP) in fulfilling its obligations as a Regional Accountable Entity (RAE) and managed care organization. This collaboration ensures that provider networks are aligned with strategic goals, regulatory expectations, and member needs across programs such as Health First Colorado, CHP+, and PRIME.

1.12 RAE: Regional Accountable Entity

1.13 RHC: Rural Health Clinics

1.14 RMHP: Rocky Mountain Health Plans

1.15 SBHC: School-Based Health Centers

2.0 Purpose

To establish procedures for the selection, credentialing, and retention of qualified network providers, ensuring compliance with National Committee for Quality Assurance (NCQA) standards and Colorado Medicaid and CHP+ contract requirements.

3.0 Applicability

3.1 Line(s) of Business/Program(s): NHP RAE 2, RMHP CHP+, RMHP PRIME, RMHP RAE 1

3.2 Department(s): Provider Network Management

3.3 Regulatory/Contractual Requirement(s): NCQA CR1 – Element A1; RMHMO ACC.0 Contract: Exhibit B,: Exhibit M; CHP +-Exhibit B

4.0 Policy

RMHP is committed to maintaining a comprehensive, culturally competent, and geographically accessible provider network. RMHP credentials and recredentials all licensed and certified physicians and non-physician practitioners with independent relationships with the plan. Selection policies do not discriminate against providers serving high-risk populations or treating costly conditions.

4.1 Scope of Credentialing: RMHP credentials and recredentials is not limited to the following practitioner types:

- 4.1.1 Addiction Specialists
- 4.1.2 Advanced Practice Nurses (NP, CNM, CNS)
- 4.1.3 Audiologists
- 4.1.4 Developmental-Behavioral Pediatrician
- 4.1.5 Licensed Clinical Social Workers
- 4.1.6 Licensed Marriage and Family Therapists
- 4.1.7 Licensed Professional Counselors
- 4.1.8 Medical Doctors (MD),
- 4.1.9 Optometrists,
- 4.1.10 Oral Surgeons,
- 4.1.11 Osteopaths (DO)
- 4.1.12 Physician Assistants (PA)
- 4.1.13 Podiatrists
- 4.1.14 Psychiatric/Mental Health Nurses with prescriptive authority
- 4.1.15 Psychiatrists,
- 4.1.16 Psychologists
- 4.1.17 Therapists (PT, OT, ST),

4.2 Credentialing applies across all settings where these providers practice:

- 4.2.1 Individual/group outpatient practices
- 4.2.2 FQHC, RHCs, , SBHCs
- 4.2.3 Comprehensive Safety Net Providers (CSNPs)

4.3 Network Development and Monitoring

4.3.1 Ongoing Monitoring – Network adequacy is monitored continuously through:

4.3.1.1 Quarterly GeoAcess and appointment availability reports

4.3.1.2 Member and provider satisfaction surveys

4.3.1.3 Analysis of utilization trends and grievance/appeals data

4.3.1.4 Outreach from internal departments regarding access barriers

4.3.2 Quarterly State Reporting – RMHP submits required Network Adequacy reports to the Department of Health Care Policy and Financing (HCPF) on a quarterly basis.

4.4 Provider Selection Process

4.4.1 Initial Outreach – Network Services identifies potential providers through:

4.4.1.1 State and national registries

4.4.1.2 Online directories and associations

4.4.1.3 Internal referrals and gap analysis

4.4.1.4 Recommendations from Quality Management Committees

4.4.2 Recruitment Prioritization – Emphasis is placed on:

4.4.2.1 Providers in rural/ frontier counties

4.4.2.2 Telehealth-capable providers

4.4.2.3 Culturally diverse and disability-competent providers

4.4.2.4 Providers offering specialty services with access gaps

4.4.3 Network Application – Prospective providers must:

4.4.3.1 Be enrolled in Health First Colorado

4.4.3.2 Obtain a Medicaid ID

4.4.3.3 Complete a network application via UHCprovider.com or ProviderExpress.com

4.4.4 Credentialing and Contracting

4.4.4.1 Applications are reviewed for completeness and submitted to Credentialing

4.4.4.2 RMHP credentialing standards and timelines:

4.4.4.2.1 Complete 90% of credentialing within 60 days of complete application.

4.4.4.2.2 Respond to credentialing inquiries within 2 business days

4.4.4.2.3 Deny incomplete applications within 80 days

4.4.4.2.4 Provide written notice for all network denials with reasons per 42 CFR § 438.12

4.5 Recredentialing and Retention

4.5.1 Recredentialing

4.5.1.1 Required by federal or state law or by the carrier's accreditation standard; or

4.5.1.2 Permitted by the carrier's contract with the participating providers

4.5.1.3 A carrier shall not require a participating provider to submit an application or participate in a contracting process in order to be recredentialed.

4.5.1.4 Except as described in subsection 8 of Colorado Revised Statutes 10-16-705.7, and as maybe provided in a contract between a carrier and a participating physician, a carrier shall allow a participating provider to remain credentialed and include the participating provider in the carrier's network unless the carrier discovers information indicating that the participation provider no longer satisfies the carrier's guidelines for participation, in which case, the carrier shall satisfy the requirements described in section 10-16-705(5) before terminating the participating provider's network participation.

4.5.2 Retention - Regular provider outreach, education and communication occur to better retain providers in the network.

4.5.2.1 The following regular outreach and communication activities and strategies are actively utilized:

4.5.2.1.1 Monthly and quarterly calls with network providers
4.5.2.1.2 Regular and routine billing and claim support calls, to include onsite/in-person training
4.5.2.1.3 Provider trainings with targeted areas to meet provider requests and administrative assistance
4.5.2.1.4 As-needed communication occurs to assist providers with resolution of questions related to a variety of topics including but not limited to claims, audits, and recoupments; communications and regular meetings are held until issues are resolved.
4.5.2.1.5 Monitor provider satisfaction and turnover through the reporting of efforts and performance metrics
4.5.2.1.6 Address barriers to participation, including cultural competency and telehealth support

5.0 Responsibilities

5.1 Provider Network Management

Provider Network Management is a coordinated set of activities and strategies designed to develop, maintain, and optimize a comprehensive, culturally competent, and geographically accessible network of healthcare providers across multiple departments and UHC enterprise. It encompasses the selection, credentialing, recredentialing, retention, and ongoing support of providers to ensure compliance with federal and state regulations, including NCQA standards and Colorado Medicaid requirements.

5.1.1 Will ensure that credentialing and recredentialing are conducted in accordance with both state and federal regulations, including NCQA standards.

5.1.2 Will ensure providers meet licensure, certification, and training requirements and that they are in good standing with Medicaid and regulatory bodies.

5.1.3 Will maintain timely and accurate provider directories and ensure that credentialed providers are accessible to members.

5.1.4 Will ensure that this policy is published on the website for providers.

5.2 Policy Routine Review, Maintenance, and Communication

This policy will be reviewed (and revised where necessary) at least annually or when there is a change at the enterprise level, or a regulatory or contract change.

5.2.1 The policy owner(s) are responsible to:

5.2.1.1 Perform due diligence to confirm that the information is accurate and compliant with any applicable regulations, contracts, and laws.

5.2.1.2 Ensure the final policy is updated in other locations including training manuals, provider manuals, websites, portals, intranets, and any other locations.

5.2.1.3 Communicate revised policies to appropriate health plan staff and external stakeholders, as applicable. Communication must be documented and retained with the policy. Documentation could include inclusion in meeting minutes, email communication, training attendance logs.

6.0 References

6.1 NCQA CR1 – Element A1

6.2 42 CFR 438.214(a)-(b)(1)

6.3 Colorado Revised Statutes 10-16-705.7

6.4 42 CFR § 438.12

7.0 Revision History

VERSION	DATE	REVISED BY	DESCRIPTION OF CHANGES
1	6/19/2025	RMHP	Initial Policy