



CCHA Operating Policy

Procedure Name: CCHA Annual PCMP Recruitment and Retention Strategy		Procedure Number: <# assigned and inserted by PC>
Issuing Department: Performance and Data Strategy	Policy Owner Name: Katie Suleta Policy Owner Title: Director, Performance and Data Strategy	
Effective Date: 7/1/2025	Last Modified Date: 05/29/2025	Last Review Date: 05/29/2025

Purpose:	To outline a strategy to recruit, contract and retain new Primary Care Medical Providers (PCMPs) into the CCHA provider network to ensure network adequacy.
Scope:	All eligible Health First Colorado providers who meet the criteria for participation in the Accountable Care Collaborative as a Primary Care Medical Provider.

Acronyms/Definitions

#	Term/Acronym	Definition
1	ACC	Accountable Care Collaborative
2	CCHA	Colorado Community Health Alliance
3	CLAS	Culturally and Linguistically Appropriate Services (CLAS) – Culturally competent programs maintain a set of attitudes, perspectives, behaviors and policies – both individually and organizationally that promote positive and effective interactions with diverse cultures. Practicing cultural competence to honor diversity means understanding the core needs of your target audience and designing services and materials to meet those needs strategically. It is important to regularly and honestly evaluate your organizational and operational practices to ensure all voices are heard and reflected.
4	CMS	Centers for Medicare and Medicaid Services – The United States federal agency that administers Medicare, Medicaid, and the State Children’s Health Insurance Program.
5	FQHC	Federally Qualified Health Center – A hospital-based or free-standing center that meets the FQHC definition found in Section 1905(1)(2)I of the Social Security Act.
6	HCPF	Colorado Department of Health Care Policy and Financing
7	Network Provider	Any Primary Care Medical Provider or specialty behavioral health provider contracted with the Regional Accountable Entity (RAE) to deliver Accountable Care Collaborative (ACC) services to members.
8	PCMP	Primary Care Medical Provider – A primary care provider contracted with a RAE to participate in the Accountable Care Collaborative as a Network Provider.

#	Term/Acronym	Definition
9	RAE	Regional Accountable Entity – A single regional entity responsible for the duties currently performed by Regional Care Collaborative Organizations and Behavioral Health Organizations (BHOs).

Policy

Colorado Community Health Alliance (CCHA) processes ensure CCHA complies with requirements regarding recruitment and retention of providers.

CCHA is committed to actively recruiting, contracting, and retaining qualified Primary Care Medical Providers (PCMPs) to ensure network adequacy standards are met, members are able to choose a PCMP to the greatest extent possible, and services are culturally responsive to the diverse communities and needs of members. CCHA has a goal of contracting a minimum of two (2) new PCMPs annually.

CCHA is willing to recruit and contract with any willing provider located within CCHA's region that qualifies as a PCMP, is in good standing with the Centers for Medicare and Medicaid Services (CMS), is enrolled as a Colorado Medicaid provider, and expresses interest in participating in the Accountable Care Collaborative (ACC). CCHA will not employ or contract with Providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Social Security Act. CCHA will terminate from its network any providers of services or persons terminated (as described in section 1902(kk)(8) of the Social Security Act) from participation under title XIX, title XVIII, or title XXI. If CCHA declines to include an individual or group of providers in its PCMP network, CCHA will notify the affected provider(s) of the reason for its decision in accordance with 42 CFR § 438.12.

CCHA's Annual PCMP Recruitment Strategy is informed by the results of ongoing network monitoring activities, including analyzing and reporting on outcomes of time and distance requirements, and member to provider ratios. Furthermore, if gaps in timely access to care are identified through network monitoring procedures or member complaints, CCHA will make a concerted effort to recruit additional providers in that area to address gaps and meet member needs. CCHA will utilize available tools, including but not limited to, the non-contracted list on the enrollment summary provided by the Department of Health Care Policy & Financing (HCPF), member requests received by the CCHA member support services team, and inquiries made on www.cchacares.com. Providers that are identified on the non-contracted list who have a significant number (50+) of Health First Colorado members will be prioritized along with providers who are requested by members. CCHA does not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.

Network Selection and Qualifications

Providers must, at a minimum, meet the following criteria to qualify as a PCMP:

- Enrolled as a Health First Colorado, Colorado Medicaid, Provider
- Licensed and able to practice in Colorado
- Practitioner holds a Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), or Nurse Practitioner (NP) provider license, and
- Practitioner is licensed as one of the following specialties: pediatrics, internal medicine, family medicine, obstetrics and gynecology, or geriatrics

Procedures:

CCHA will respond to all inbound provider inquiries related to a provider contracting application or contract within two business days. CCHA will document all decisions on the admission or rejection of providers in and provide documented decisions to HCPF upon request

Recruitment

1. CCHA network manager will outreach identified practices with the goal of establishing a relationship with appropriate decision makers at the practice.
2. The network manager will attempt to schedule either a phone or face to face appointment to discuss the ACC and CCHA's model of care.
3. In an effort to resolve barriers for provider participation in Medicaid, the network manager will assist the provider with the Medicaid provider enrollment process, as necessary.
4. Once enrolled as a Medicaid provider, the network manager will inform the provider of the process for contracting with CCHA, including outlining the contract requirements and providing the contracting application materials.
5. Once applications are received, the network managers will use the CCHA License Screening Process to validate that all potential PCMPs are in good standing and appropriate for the CCHA provider network.
6. If a provider passes the License Screening Process, the network manager will submit a contracting ticket to initiate a CCHA PCMP agreement.
7. Once the CCHA PCMP agreement is fully executed, the network manager will affiliate the PCMP in the web portal and submit all information to HCPF on the monthly contract workbook.

Retention

1. The CCHA Provider Support Team retains its network of providers through a multifaceted approach, including but not limited to:
 - a. Helping PCMPs navigate the Health First Colorado Medicaid system
 - b. Servicing providers' issues
 - c. Providing education and sharing accurate and relevant information
 - d. Practice support and transformation activities that support successful implementation of value-based payment models, as well as participation in initiatives aimed to improve delivery of care.

References

State of Colorado Contract Number 25-196886, 5.2, 5.3

Responsible Departments

Primary Department:	Data and Performance
Secondary Department(s):	Contracting

Related Documents

Document	Policy	Procedure	Workflow	Other
CCHA Network Adequacy and Access Standards	X	X		
CCHA Annual Primary Care Medical Provider Recruitment Strategy				X

Revision History

Review/Approval Date	Changes
05/29/2025	New Policy