2027 Colorado Access Choice Network Access Plan

Carrier Legal Name	Access Connected Care Partners
Network Name	Complete
Network ID	CON001
Market	Individual market / ACA-compliant health benefit plans, including Colorado Option standardized plans
Plan Type	EPO
Service Area Counties	Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Park, Pueblo, Teller
Effective Plan Year	2027
Website	www.coaccesschoice.com
Contact Information	Customer Service: 720-798-5704 | Toll-free: 1-833-575-8033 | TTY: 711 | Monday-Friday, 8:00 a.m. to 5:00 p.m. MT

1. Introduction / Network Identification

Colorado Access Choice by Access Connected Care Partners offers the Complete network (CON001) for individual market coverage in Colorado, including Colorado Option standardized plans. The network is an Exclusive Provider Organization (EPO) arrangement that uses contracted primary care providers, specialists, facilities, pharmacies, and ancillary providers to furnish covered services throughout the approved service area. Members may access the online provider directory and member portal at www.coaccesschoice.com or contact Customer Service at 833-575-8033 for assistance locating contracted providers and facilities.

The network serves covered members in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Park, Pueblo, and Teller counties. The network is administered to provide access to medically necessary covered services through contracted providers, except for emergency care, emergency-related ambulance transportation, urgent care and, when required under Colorado law or carrier policy, through authorized non-contracted providers at the applicable in-network cost-sharing level.

2. Network Adequacy Standards Measured and Results Summary

The Complete network is maintained and monitored in accordance with Colorado Insurance Regulation 4-2-53, including applicable availability standards, geographic access standards, essential community provider requirements, annual reporting requirements, and required carrier attestations. Per the additional Colorado Option standardized plan requirements, this network is also administered in accordance with Colorado Insurance Regulation 4-2-80. Given one network is utilized for all Colorado Access Choice individual market plans, the Colorado Option standardized plan network does not differ, and is no more restrictive than, the non-standardized plan network.

Colorado Access Choice measures network adequacy using projected membership, provider/facility participation by specialty and facility type, service area access, provider availability, essential community provider participation, and ongoing member access indicators. The network supports direct member search functionality by location and specialty, includes contracted primary care providers and contracted specialty providers, and provides a process to

arrange authorized non-contracted services when Colorado Access Choice determines that a covered service is not available from an appropriate contracted provider within the network.

Given Colorado Access Choice is a new market entrant for plan year 2027, we do not yet have full network adequacy measurement results, but they will be included for future years when member and provider data is available. In the fourteen counties that comprise our service area, Colorado Access Choice meets network adequacy as measured by time and distance standards except as noted below:

Rating Area County	Identified Gaps
Broomfield	skilled nursing facility
Clear Creek	skilled nursing facility, OBGYN
Douglas	skilled nursing facility, OBGYN
El Paso	OBGYN
Elbert	skilled nursing facility, chiropractor, primary care, primary care pediatric, surgical services (outpatient or ASC), outpatient behavioral health
Gilpin	skilled nursing facility
Park	skilled nursing facility, chiropractor, OBGYN, mammography, ophthalmology, outpatient infusion/chemotherapy, speech therapy, surgical services (outpatient or ASC), cardiology, general surgery
Pueblo	chiropractor, ophthalmology, outpatient infusion/chemotherapy
Teller	skilled nursing facility, outpatient infusion/chemotherapy

Colorado Access Choice has largely completed its provider contracting efforts to support network adequacy requirements. The network includes contracted providers across the majority of required specialties and service areas, with limited remaining gaps primarily attributable to provider availability constraints in certain geographic regions. For counties with Extreme Access Considerations (CEAC) and areas with limited provider availability, Colorado Access Choice has focused its contracting strategy on securing access through available providers within the county and in adjacent counties where appropriate. At the time of filing, Colorado Access Choice has finalized the majority of its targeted provider agreements and has Letters of Intent in place with two additional health systems. Execution of these agreements is expected to further enhance network access and provider availability. Colorado Access Choice will continue to monitor network adequacy, evaluate provider capacity, and pursue contracting opportunities as they become available to ensure members have access to covered services throughout the service area.

3. Ongoing Monitoring and Sufficiency Process

Colorado Access Choice maintains ongoing oversight of network sufficiency through network operations, provider data maintenance, claims and utilization monitoring, grievance review, continuity-of-care review, and annual Colorado Division of Insurance filing requirements. Network adequacy is evaluated on an ongoing basis and formally reported through the annual network adequacy submission required by Colorado Insurance Regulation 4-2-53.

Colorado Access Choice follows National Council on Quality Assurance (NCQA) and Colorado State standards to evaluate the geographic availability and accessibility of primary care, specialty care, and behavioral health providers on an annual basis. Access to care is monitored through J2 reporting software and various data collection and analysis mechanisms aligned with the Access to Care Timeliness Standards.

Colorado Access Choice has engaged Press Ganey to conduct Open Shopper Surveys to assess appointment availability and after-hours coverage across primary, specialty, and behavioral health care. Press Ganey uses Contracted Provider network data supplied by us to conduct validated, scripted outreach via telephone and email outreach to Contracted Providers.

Colorado Access Choice includes telehealth benefits for its members. This service helps members get services when and where they need them, without having to travel to an onsite location for care.

Provider-to-Member Ratios

Provider/Facility Type	Large Metro	Metro	Micro
Primary Care	1:1000	1:1000	1:1000
Pediatrics	1:1000	1:1000	1:1000
OB/GYN	1:1000	1:1000	1:1000
Mental health, and behavioral health providers	1:1000	1:1000	1:1000
Substance use disorder care providers	1:1000	1:1000	1:1000

Geographic Time and Distance Standards by County Type

Count Type	Pediatric & Adult Primacy Care	Specialty Care	Pediatric & Adult Behavioral Health	Physical Health & Behavioral Health Facility Access
Large Metro	Within 20 Mins	Within 30 Mins	Within 20 Mins	Within 20 Mins
Metro	Within 30 Mins	Within 45 Mins	Within 30 Mins	Within 45 Mins

Micro	Within 40 Mins	Within 80 Mins	Within 40 Mins	Within 80 Mins
Rural	Within 60 Mins	Within 90 Mins	Within 60 Mins	Within 75 Mins
CEAC	Within 90 Mins	Within 120 Mins	Within 90 Mins	Within 110 Mins

Distance Standards by County Type (miles to practitioner's office from member's home)

Count Type	Pediatric & Adult Primacy Care	Specialty Care (High-Volume & High-Impact)	Pediatric & Adult Behavioral Health	Physical Health & Behavioral Health Facility Access
Large Metro	Within 10 mi	Within 15 mi	Within 10 mi	Within 10 mi
Metro	Within 15 mi	Within 30 mi	Within 15 mi	Within 30 mi
Micro	Within 20 mi	Within 60 mi	Within 20 mi	Within 60 mi
Rural	Within 30 mi	Within 75 mi	Within 30 mi	Within 60 mi
CEAC	Within 60 mi	Within 110 mi	Within 60 mi	Within 100 mi

Note: CEAC = County with Extreme Access Considerations.

Appointment Availability

Appointment Standards	Time Frame
Emergency Care	24/7 availability of information and referral to an emergency room for treatment of emergency medical conditions.
Emergency Care - Behavioral Health non-threatening treatments	24/7 phone coverage. Members with non-life-threatening emergencies are instructed to contact the Colorado Mental Health Line by calling or texting 988 or live chat at 988Colorado.com for immediate triage/referral which could include direction to an emergency room or behavioral health crisis unit.

Urgent Care - Medical and Behavioral	Within 24 hours of identified need
Routine Primary Care-symptoms non-urgent	Within 7 calendar days of identified need
Primary Care Access to afterhours care	24/7 phone coverage with access to a clinician for triage
Specialty Care-non urgent	Within 30 calendar days of request
Routine Behavioral health care	Within 7 calendar days of request
Preventative visit/well visits	Within 30 calendar days of request

4. Network Development / Provider Selection Criteria

Providers and facilities participating in the Complete network must enter into a contract with Colorado Access Choice and satisfy credentialing, licensure, and operational requirements applicable to the provider type and service category. The network includes primary care providers, specialty providers, hospitals, ambulatory surgery centers, behavioral health providers, home health agencies, skilled nursing facilities, pharmacies, and other provider and facility types required to support covered services for the enrolled population.

Network development is guided by the standards in Colorado Insurance Regulation 4-2-53 and 4-2-80. Colorado Access Choice evaluates provider and facility participation based on specialty mix, geographic distribution, access needs, service-area demand, quality and reporting expectations, and the ability to support continuity and coordination of care. This includes efforts to include and identify community health workers in the network.

The data sources listed below are reviewed quarterly and inform provider recruitment goals to support network adequacy and cultural responsiveness. An annual report is completed to analyze performance against established standards and identify opportunities for improvement.

Provider/Member Demographic Mapping

- The Provider/Member Map compiles date on ethnicity/race, language spoken, and ages served for both contracted providers and members by geographic area.

- Member demographic data is primarily collected through the enrollment process and supplemented by other available sources.
- Provider demographic data is obtained through the provider application, the HCPF enrollment (if available), CAQH profile, CDPHE data, and/or additional available sources.

Member Feedback

- The Member Experience Team collects feedback through surveys, grievances, and focus groups regarding the perception of cultural and linguistic responsiveness in care delivery.

Culturally Responsive Network

Colorado Access Choice is committed to maintaining a culturally responsive network consistent with Colorado Insurance Regulation 4-2-80. Network development and maintenance activities are designed to support access to providers who are responsive to the communities served and to promote equitable access to care across the service area.

Colorado Access Choice's provider data and member-facing tools support identification of providers by language and other relevant access characteristics as available in provider records, and Colorado Access Choice uses network development and outreach activities to support a network that is positioned to address health equity and reduce health disparities.

Colorado Access Choice's DEI Consultant conducts regular research and literature reviews to assess whether the contracted provider network meets cultural, racial, ethnic, and linguistic needs of members. Their process includes:

- Collecting data on members using U.S. Census, enrollment data and other relevant sources.
- Reviewing research and literature on cultural preferences and unmet needs based on the characteristics of the plan's members.
- Analyzing member feedback and complaints data to understand members' preferences and unmet needs.
- Evaluating the cultural, ethnic, racial, and linguistic characteristics of the contracted providers network to assess whether contracted providers meet members' needs.
- Recommending adjustments to the contracted provider network when gaps in cultural competence of responsiveness are identified.

Community Health Workers / Navigators

Colorado Access Choice supports member navigation through customer service, digital member tools, care coordination functions, and marketplace enrollment pathways. These support channels help covered

persons understand how to locate providers, access covered services, navigate referrals and prior authorization, and obtain help with continuity-of-care and grievance processes.

5. Quality Assurance Standards

Colorado Access Choice uses quality oversight and utilization management processes to promote safe, effective, and appropriate care. These processes include review of medical necessity, prior authorization where applicable, concurrent review, discharge planning, second-opinion processes where appropriate, claims review, fraud/waste/abuse safeguards, and appeal review by qualified personnel.

Participating providers are expected to comply with applicable quality, reporting, and administrative requirements. Clinical adverse determinations are reviewed through Colorado Access Choice's appeal structure using appropriately qualified clinical reviewers in accordance with Colorado and federal requirements.

Colorado Access Choice is pursuing NCQA accreditation and is currently in their look back period – meaning all policies and procedures have been reviewed by NCQA and meet the standards required in all departments to position the organization for NCQA success in December. For the past two years the parent organization of Colorado Access Choice has strictly adhered to their Quality Improvement Program which has been established and maintained for the past 30 years. These high standards guide Colorado Access Choice implementation to their NCQA accreditation interim survey which will happen in December 2026.

6. Corrective Action Process

If Colorado Access Choice identifies an access deficiency, provider data issue, specialty gap, or other network-related concern, Colorado Access Choice may implement corrective action measures including targeted contracting outreach, provider recruitment, member redirection support, continuity-of-care accommodations, provider data correction, and remediation through annual filing action plans when required by regulation.

Covered persons may submit grievances regarding access to care, provider availability, provider directory accuracy, or quality concerns. Colorado Access Choice reviews such complaints and uses complaint trends, utilization data, and network performance findings to determine whether additional corrective action is necessary. For Colorado Option standardized plans, any required action plan elements are addressed in accordance with Colorado Insurance Regulation 4-2-80.

Colorado Access Choice is a new entrant to the Colorado individual market for Plan Year 2027 and is actively finalizing its provider network. Negotiations with providers and facilities remain ongoing due to standard contracting timelines and credentialing requirements. The network data submitted with this filing reflects the most current and accurate information available at the time of preparation. The plan continues to expand its network and is making good faith efforts to meet all Colorado DOI network adequacy requirements, with the expectation that additional provider agreements will be finalized prior to the start of the plan year and incorporated into updated submissions as required.

7. Access to Out-of-Network Services at In-Network Cost Share

Covered emergency services are available from contracted and non-contracted providers in accordance with Colorado and federal law, including applicable surprise-billing protections. Urgent care is also covered in accordance with plan terms and applicable legal requirements.

When Colorado Access Choice authorizes services from a non-contracted provider because the required covered service is not reasonably available from an appropriate contracted provider, the covered person will pay no more than the applicable in-network cost share for the authorized service. Colorado Access Choice also applies applicable in-network member protections when a covered person relies on materially inaccurate directory information or when state or federal law otherwise requires in-network cost sharing for non-contracted services.

8. Monitoring of Facility-Based Specialist Access

Colorado Access Choice monitors access to facility-based specialists through network contracting, provider directory maintenance, claims oversight, member complaint review, and surprise-billing compliance processes. Colorado Access Choice's network administration includes review of access to hospital-based and facility-based specialties such as anesthesiology, radiology, pathology, neonatology, hospitalist services, intensivist services, and other ancillary specialties commonly furnished at contracted facilities.

When state or federal law requires member protections for non-contracted facility-based specialists at contracted facilities, Colorado Access Choice administers those claims and member cost-sharing protections accordingly and uses complaint review and operational monitoring to identify any access or billing issues requiring remediation.

9. Provider Directory Availability

Colorado Access Choice makes the provider directory available online through www.coaccesschoice.com and through the member portal, and will provide directory information to interested parties upon request. The directory includes provider name, location, phone number, specialty, selected professional qualification information, languages spoken other than English, and whether the provider is accepting new patients, as maintained in Colorado Access Choice's provider data systems.

Colorado Access Choice updates the provider directory at least monthly and audits directory data at least every 90 days. Colorado Access Choice also provides customer service support to assist covered persons in locating contracted providers and contracted pharmacies.

10. Referral Process

A referral is a specific recommendation for evaluation or treatment by a particular provider or provider type. Because this plan is an EPO, you are not required to obtain a referral from a Primary Care Provider (PCP) before receiving covered services from an in-network specialist or other contracted provider.

Colorado Access Choice does not require referrals for specialty care for EPO plans. Prior authorization requirements, when applicable, are separate from referral requirements.

11. Process for Access Outside the Network

Except for emergency care, urgent care as covered under the plan, and other circumstances required by law or authorized by Colorado Access Choice, non-contracted services are generally not covered. If a covered person or provider identifies a need for a covered service that is not available through an appropriate contracted provider, Colorado Access Choice reviews the request and determines whether access should be arranged through an authorized non-contracted provider.

When a non-contracted provider is authorized to furnish a covered service, Colorado Access Choice administers the service at the applicable in-network cost-sharing level for the covered person. Colorado Access Choice maintains customer service and utilization management processes to support these reviews and access determinations.

12. Method for Informing Covered Persons

Colorado Access Choice informs covered persons about network access through plan documents, the provider directory, Colorado Access Choice website, the member portal, customer service, identification cards, notices regarding grievances and appeals, and other legally required communications.

Information regarding how to locate participating providers, how to request assistance finding providers by specialty or location, how to request continuity of care, how to submit grievances and appeals, and how to understand surprise-billing protections is made available through carrier communication channels and consumer materials.

13. Required Disclosures

Colorado Access Choice includes disclosures required under applicable Colorado and federal law and regulation, including disclosures regarding the existence and availability of the network access plan, provider directory availability, continuity-of-care rights, grievance and appeal rights, surprise-billing protections, nondiscrimination and language-access rights, and contact information for the Colorado Division of Insurance as applicable.

All health benefit plans and marketing materials will clearly disclose the existence and availability of the network access plan consistent with Colorado Insurance Regulation 4-2-54.

Grievance Process

Members may submit a grievance within 180 days of the event giving rise to their concern. Grievances may be submitted by phone at 1-833-575-8033, online at www.coaccesshoice.com, or in writing by mailing their name, address, ID number, daytime phone number, a description of the concern (including provider name and date(s) of service), any supporting documents, and the outcome being requested to:

Colorado Access Choice
P.O. Box 5637
Denver, CO 80217

We will acknowledge receipt of your grievance and begin our review. Depending on the nature of the issue, a grievance coordinator and/or appropriate clinical staff may be involved.

We will provide you with a written response within 90 days of receiving your grievance. If additional time is needed, we will notify you and keep you informed. If your grievance raises issues that are more appropriately addressed through the appeals process, we will notify you and process it as an appeal.

Translation and Accessibility Services

Colorado Access Choice provides language assistance services, translation support, interpretation support, and accessibility accommodations in accordance with applicable law. Auxiliary aids and services are available for covered persons with disabilities, and customer service support is available through TTY 711.

Member-facing communications identify how covered persons can obtain language assistance and accessibility support at no cost

14. Coordination and Continuity of Care

Colorado Access Choice coordinates care through utilization management and member services support. Colorado Access Choice maintains continuity-of-care processes for new covered persons receiving active treatment from a non-contracted provider and for covered persons whose participating provider terminates from the network, subject to applicable Colorado and federal requirements and provider cooperation with transition terms.

During approved continuity-of-care periods, Colorado Access Choice supports the transfer of medical records, communication among providers, and transition planning to minimize disruption of medically necessary services.

Colorado Access Choice has a “hold harmless” provision in its provider contracts, prohibiting contracted providers from balance-billing covered persons in the event of the carrier’s insolvency or other inability to continue operations.