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Medicaid mental healthcare
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JBC HCPF Oversight Questions

Network Adequacy

Colorado Access' policy of prohibiting pre-licensure counseling has created a significant disparity between Denver/Aurora and the rest of the state in terms of provider/member ratios. When will HCPF prohibit this policy so that more early career therapists can participate in the workforce, like in the rest of the state?

RAEs irregularly report provider rosters. RAEs report county by county some years and aggregate counts other years. What will HCPF do to post accurate network adequacy reports in a timely manner? How will HCPF get accurate provider rosters and county by county provider counts from the RAEs?

How does HCPF track the impact of major policy changes by the RAEs such as 20% reductions in rates or new prior authorization programs? How many counselors leave the program after these changes?

Prior Authorizations

See Section 14.6. Service Limits in [CCHA - HCPF Contract](#) page 94.

By contract RAEs are to comply with utilization policy guardrails, including:

The Contractor shall provide covered services in an amount, duration, and scope that is no less than the amount, duration, and scope furnished under Fee-for-Service Medicaid

The Contractor shall ensure that services supporting beneficiaries with ongoing or chronic conditions are authorized in a manner that reflects the enrollee's ongoing need for such services and supports.

Anthem and United Healthcare (RAE 1, 2, 4, 6, 7) both produced care guidelines that specify treatment is to “reduce symptoms” rather than “treat underlying causes.” Obviously if someone with a brain tumor goes to an emergency room with a headache symptom, the underlying cause will be treated.

How will you assure that treatments for mental disorders that address underlying causes will be authorized, as medical treatments are?

Reimbursement

What was the impact on the provider workforce when rates for CCHA/Anthem providers (Boulder, Jefferson, Gilpin, Clear Creek, El Paso, Teller counties) reduced by 20%?

CCHA/Anthem said the reason for the reduction was to “get more psychiatrists.” Was that strategy successful? How many psychiatrists were attracted to the network after the reduction?

What are the current rates for one hour of counseling (CPT 90837) for each RAE for Masters level clinicians? How long has each rate been the same? How are these rates determined?

Credentialing

Providers report long waits to begin providing services. What is being done to shorten HCPF validation time? What is being done to shorten credentialing and contracting time for the RAEs?

Parity

If reimbursement complied with Parity, the process to set rates for Behavioral Health would be substantially similar to the process for setting medical service rates. How is that so currently?