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3/26/2021 15:00:13	Director of Medicaid non-SUD mental healthcare clinic, 28 therapists	Yes	20% cut by CCHA a year ago. Prior authorization programs. Colorado Access denying pre-licensure work.		Yes		Yes	We have a waitlist and clients report they can't find a therapist (Boulder).	Restore rates to 100% of MPRRAC. Regulate prior-auth so it's consistent across RAEs, prohibit RAEs from creating policies that are different for Centers than from contracted providers (for instance Centers did not get a 20% cut, Centers don't have to do prior auths)	15% MLR for Anthem, United Healthcare, and Colorado Access is a shocking waste of taxpayer money and a direct suction of $ from the poor to the rich. Reduce the MLR to the administrative budget of HCPF which according to Bimistefer is around 4%.	The RAEs should not have the power to modify rates willy nilly. HCPF needs to do actual OVERSIGHT of what RAEs are doing to push providers out and cut care for Members.
3/26/2021 15:47:05	I own and operate a 24-clinician behavioral health practice with a client base that is 85% Medicaid.	Yes	(1) By far the biggest challenge is recruiting and retaining clinicians with the limitation that is Medicaid reimbursement rate. It is so incredibly challenging to attract and retain clinicians when they can earn much more at practices that focus on out-of-pocket paying clients. With demand for behavioral health services greatly exceeding supply of qualified professionals, there is a flight of clinical talent towards the higher paying clients. Medicaid MUST enable systemic change otherwise it will lose providers and won't be able to deliver behavioral health services to its large member base--this is already happening, as you can tell by HCPF's struggle to recruit and retain providers. (2) Secondarily, the RAEs want to make it even harder for providers and members by creating new administrative burdens, such as Prior Authorization processes, new and more frequent audits, and frequently changing clinical documentation requirements. HCPF should strive to reduce administrative burden and costs, not to increase them. (3) Finally, it is so so hard to get a response from anyone at CCHA or Beacon when billing, contracting, or credentialing issues arise. CCHA in particular just never responds. This causes a lot of time and burden for many people on our team. CCHA is not acting in good faith by letting these issues persist while we providers deliver services in good faith and cannot get paid for those services.			We have had some issues with Anthem, mostly related to how they handled COVID-19 exceptions, but these pale in comparison to our Medicaid issues, especially with CCHA.	Yes	Our waitlist is out of control and Medicaid members are so frustrated and struggling to find therapists. We hate telling them they are #90 on our waitlist and not having any other options with openings that we can refer them too. Additionally, it has been nearly impossible to find new clinicians given the heavy licensure requirements and lack of clinicians willing to be paid at Medicaid rates when they can be paid at self-pay rates.	Immediately enable pre-licensed and provisionally licensed clinicians work for Medicaid. CCHA, Beacon, and RMHP allow this but Colorado Access does not. HCPF needs to mandate that Colorado Access match the other RAEs in this critical component. Finally, rates need to be brought in line with what the market calls for to prevent all Medicaid clinicians from fleeing to private and commercial payors.	Openness for allowing newer, more effective therapeutic approaches once they are proven to be safe and effective (such as digital therapeutics and psychedelic-assisted therapy)	Colorado passed across-the-board rate cuts in 2020 despite having a stronger than expected revenue base that year. Given the state of our economy, these rate cuts are no longer justified and should be reversed.

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3/26/2021 17:30:48	A large mental health group practice owner and Clinic Director. We take most major insurance and proudly serve the Medicaid population.	Yes	Honestly, there are so many things. In no particular order of importance, 1) recent session limits and preauthorizations will impede care and create a burdensome and expensive administrative process for providers. This administrative time is also not reimbursed. 2) Fee reductions (CCHA) and subpar reimbursement in general that does not match the standard rate of pay for other payers (the contracted rates are well below competitive market rates for psychological treatment), 3) a very poor process for newly licensed providers to be validated by the state and then contracted by the RAEs to continue seeing clients they saw while under supervision (this process can take months and there is no guarantee of payment for continued service), 4) when a patient is transferred from one RAE to another and a provider is not contracted with that new RAE, 5) medicaid consumers rarely understand their BH benefits or what RAE they are in which creates confusion during the intake process, 6) Many testing psychologists do not offer testing to Medicaid clients because of poor reimbursement rates as well as an uncertainty claims will be paid. As a testing psychologist, the confusion as to whether or not testing will be covered, even with preauthorization in place, is palpable. 7) the 20 session count for CCHA will include all BH services and is not based on provider but on the consumer so providers are oddly expected to submit preauthorizations to continue treatment when they may be unaware if a client is utilizing mental health benefits with another provider. For example, one provider may be seeing a client for individual therapy and another provider is seeing that same client for family therapy and all those sessions count towards the 20 but there is really no effective way for either provider to know when they are nearing the 20-session limit. And if they don't know it is time to submit a preauth, their sessions and payment will be denied. 7) The RHMP Medicaid 90837 preauth process is significantly hindering quality care for clients. Providers whose preauths for continued 90837 are denied are expected to reduce their sessions to 45 minutes as opposed to the standard 60 min after 12 sessions. Denials are being made to clients with significant mental health problems.	n/a. I will answer the question below here. While we have not terminated our contracts (yet) with any of the RAEs, I am on a FB group with several hundreds of local therapists who have terminated their contracts with CCHA specifically bc of reduced compensation and now the preauthorization requirements. Many will continue to follow suit as they do not think it is "worth it."	No	We do not have the kind of problems with commercial payers that we do with Medicaid RAEs. We are seen as autonomous, in that we are not held to higher standards for lower pay, as we are with Medicaid. This includes our documentation and the preauth process of proving medical necessity for continued treatment. The only real difficulty we see with commercial plans is being sure we take their subsidiary plan or a client not providing the correct ID etc which is usually easily remedied.	Yes	Not a shortage of BH providers so much as a shortage of those willing to take insurance, especially Medicaid. And a SIGNIFICANT shortage of psychiatric prescribers.	1) more competitive pay structure, such as the FFS rates, 2) doing away with preauthorization procedures, 3) increasing access by allowing prelicensed and intern therapists to offer therapeutic services under supervision in all the RAEs, 4) ensuring that clients can stay with their provider of choice even if their RAE changes	Do away with the RAEs and have one entity that manages BH benefits. Less confusion for everyone, centralized everything. Decisions also need to be made with those who actually provide and receive the services having more significant input.	Uniform rates across the RAEs would be ideal and at the maximum rates published by Health First

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3/26/2021 18:02:55	psychotherapist, supervisor, consultant	Yes	Keeping up with the ongoing changes they throw our way; changes in how many sessions clients are provided, changes in my income that I get no warning about. Seeing clients get denied services because of ignorance on behalf of the for profit payers and the focus being on paying the stake holders rather than the client care.		Yes	time, paperwork, giving personal information of clients to a third-party who could misuse the information.	Yes	I keep having to refer out because I am full and I keep hearing from clients that have called several providers and everybody is full.	Clear information about the steps to become a provider, shorter application process/approval time, allowing clients to have access to the services they deserve and need and are qualified for, adequate reimbursement, eliminate oppressive ways of making changes to benefits	I can't make a budget if my income is at whim to change at anytime. Continuity of care; knowing I will be able to see my clients for the extent of needed services and that won't be interrupted. Allowing providers to charge clients if they are being denied services. Knowing I won't be considered a criminal or have consequences for offering help to someone who needs it.	The rates are extremely low and it seems to be more of a priority to pay the stake holders rather than the people actually doing the work. The rates do not take into consideration how much time is spent on paperwork and billing and staying up to date about the latest changes and attacks on us a providers or the fact that we are working with trauma and how impactful that is; realistically working with trauma asks for a lower case load so that providers can be available to be with their clients. There is no sick pay or vacation pay either; which means the rates need to be higher to make up for our time when we don't/can't work. The focus is wrong and fucked up. Clearly the payers don't care about the clients or providers and are running a business versus offering care and services.
3/27/2021 8:37:06	Psychotherapist (LPC), group practice owner	Yes	Billing reimbursement is low. Documentation requirements are unclear and complex, and I'm given no support from CCHA to get information or support on this. Clients are now only allowed 20 sessions in a calendar year, which is not aligned with their diagnosis and I don't have time, know how, or energy to get approval for more sessions. I have really questioned if my group should even continue to take Medicaid. Also, I can't put a cap on how many Medicaid spaces I have and I can't see Medicaid clients from different regions unless the client goes through calling and changing their region (dealing with unclear and misinformation on the line when they call to do this) and then often waiting for a month for the change to happen and then not being able to see their doctors in the region that they were in previously.			Insurance companies have terrible customer service. They will make mistakes with payment and then it can take hours and hours on the phone with someone in another country who misleads and misguides you on what the issue is. It's impossible to get ahold of anyone who can help you if you have something go wrong, even if it's not your fault. For example one time Anthem changed my billing address in their system and I wasn't paid for all of my sessions for a whole month. It took me a year to straighten it out and I had to hire and pay someone to help me with it. The reimbursement rate is 33% less than market value for the best paying insurance company and they reimburse prescribers double what we make for a fraction of the work. Then they ask that as providers we don't discriminate between their members and private paying clients who are paying market rate even though doctors are allowed to do this. Therapists are doing some the most difficult work and are treated like second class citizens. We don't have any power and it's demoralizing.	Yes	An enormous amount of need for services. I am constantly receiving calls for new clients. It's a torrential downpour and their aren't enough therapists to go around.	Much, much better pay (market value or slightly above), credentialing support, the ability to take only a certain number of cases if the provider wants to (like doctors), the ability to see members from any region (like doctors) better support and clarity regarding documentation requirements.	Parity laws need to be applied to all healthcare workers and our time needs to be respected and reimbursement needs to reflect the value in our work. There needs to be more oversight on the companies administering Medicaid.	Rates need to be increased to market value.
3/27/2021 14:07:38	psychotherapist	Yes	Diagnosis and Treatment Plan guidelines		Yes	na	Yes	It's difficult to find other providers to refer clients to.	Helping providers learn the system and see the benefits	Redefining the benefits of behavioral/mental health beyond a strictly medical model	Provide competitive pay out rates
3/29/2021 11:21:57	Counselor	No		Late cancels and no shows not being paid for- and the fee should be at least 25% higher	Yes	N/a	No		N/a	N/a	N/a

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3/30/2021 7:53:05	Psychotherapist and clinical supervisor	Yes	Low pay rate and the recent addition of a pre-authorization requirement.	I provide therapy to only a few clients who are enrolled in Medicaid due to the untenable pay rate. As a business owner this rate is not sustainable if one were to see only Medicaid clients.	Yes	The discrepancy in billing systems as well as the even lower pay rates.	Yes	Waitlists.	INCREASE THE PAY RATE. And make it easy for providers to enroll. Nobody has time to go through a months-ling credentialing process.	INCREASE THE PAY RATE.	