IPN Questions/Responses

Last updated March 9, 2022

Date Received	Question	HCPF Response
	RAE reduction in rates by 20%	The allegation of a 20% rate reduction by CCHA is a mischaracterization. On January 1, 2020, CCHA implemented a tiered payment methodology for select behavioral health providers. The tiered pricing was intended to recognize differences in practitioner qualifications and competencies and was an attempt to manage CCHA's high medical loss ratio. It raised rates for some providers and decreased rates for other providers.
	Providers did not receive the 2% pass through mandated by the legislature.	During the 2019 legislative session, the Colorado General Assembly appropriated to the Department a 2% increase in funds for the capitated behavioral health benefit. The stated legislative purpose for the additional funds was to increase salary reimbursement for community based behavioral health providers. The legislation was written in a way to provide the RAEs with the autonomy to determine how best to disseminate the funds to providers. The RAEs demonstrated the funding was passed on to eligible providers and provided documentation of its distribution strategy to the Department. For more information refer to the Behavioral Health Workforce Capitated Payment Increase summary.
2/25/22	When will managed care end and fee-for-service initiate? The parity law HB19-1269 is being ignored. If medical gets fee-for-service, by parity, mental healthcare should be handled similarly. That is the law. HB19-1269.	The Mental Health Parity and Addiction Equity Act requires health plans to provide benefits for mental health and substance use disorder benefits that are comparable to and no more stringent than that which is provided for medical and surgical care. It is not a specific violation of parity for members to receive capitated mental health

		and substance use disorder benefits and fee-for-service medical and surgical benefits. The Centers for Medicare and Medicaid Services (CMS) has confirmed Colorado's delivery system design is not a violation of Parity. There are no plans to end our Managed Care approach to delivering behavioral health services. You can learn more on our Parity webpage.
2/25/22	If managed care is to persist, what's coming in "ACC 3.0" plans? Why do HCPF staff hint at "our provider will have to treat more severe cases"?	Discussions regarding ACC 3.0 are only in initial stages. The current RAE contracts are in effect until June 30, 2025. Contracts for ACC 3.0 will involve a robust stakeholder process.
2/25/22	When will HCPF disaggregate the data in Network Adequacy Reports to restore county by county provider counts?	RAE Network Adequacy Reports are posted on the Department's website annually. The Department is continuing to work on ways to share network adequacy data in a meaningful format.
2/25/22	Will HCPF require all Medicaid mental healthcare providers to pursue BHE licensure?	Providers with a community mental health center designation will not need to obtain a BHE license by July 1, 2021 to continue to be enrolled in Medicaid or credentialed with a RAE in order to be eligible for Medicaid reimbursement. All other group providers, as well as community mental health clinics that wish to retain a license, must comply with The BHE implementation plan, which can be found here. It is important to note that with the implementation of the Behavioral Health Administration state requirements for a BHE license will continue to evolve and providers who are not impacted as of July 1, 2022 may be impacted in the future, Providers are encouraged to participate in upcoming stakeholder opportunities.
2/25/22	When will there be a "common app" so providers can contract with all RAEs in one step? Concerns with provider contracting times as well.	HCPF has worked with the RAEs to streamline credentialing processes. Specifically RAEs must complete the credentialing and contracting processes or

		deny network admission within ninety (90) days for at least ninety percent (90%) of all Provider applications. RAEs must use the Council for Affordable Quality Healthcare (CAQH)ProView® application throughout the life of the Contract to collect data from individual Providers as necessary to complete the credentialing and recredentialing processes. RAEs must use the CAQH VeriFide™ application to perform Provider primary source verification for the credentialing and recredentialing processes. RAEs may not require any additional documentation from individual providers for the purposes of credentialing, unless the purpose of the request is to obtain a clean file. RAEs have the authority to contract with individual providers at their own discretion so there is no plan to "contract with all RAEs in one step". Please see the IPN Efforts for more details.
2/25/22	When will HCPF require RAEs (Colorado Access) to reimburse for pre-licensure care, as does Anthem and United Healthcare? When COA is not yet allowing prelicensed and intern billing without designation or facility license.	COA has agreed to provide opportunities for pre-licensed intern billing without a license or designation from the Office of Behavioral Health. With a few exceptions, the RAEs get to determine what providers to contract with as well as how they will pay those providers.
2/25/22	Poor reimbursement for all codes but especially family and group therapy	RAEs have the sole authority to set reimbursement rates with providers under Managed Care authority. HCPF cannot request to see these rates or dictate rates for RAEs. However, several of the RAEs did share that they have recently increased a variety of service rates.
2/25/22	Vast inequities in reimbursement for the same service codes for the IPN vs CMHCs	IPN and CMHCs have distinct reimbursement structures that are not comparable as the requirements for the operations of each are

		vastly different. These structural and requirement differences cannot be accounted for when looking solely at a single service code. Additionally, IPNs receive a direct managed care fee-for-service reimbursement while CMHCs are generally given a sub-capitated rate (total allotment for all services provided each month). This rate cannot be explicitly tied to individual services.
2/25/22	How does HCPF hold the RAEs accountable when they mess up? What RAE behaviors are egregious enough to terminate their contract?	The contract's material breach clause allows for termination for cause if a RAE refuses or fails to perform any of the provisions in the contract. The Department must notify the RAE of non-performance and allow them to correct the issue within a specified time period. The Department has a progressive performance management process used to hold the RAEs accountable to contract obligations. This begins with informal performance feedback, such as a phone call, meeting, or email to point out a new performance issue for relatively minor issues that do not pose a high risk to member care or the Department. The next step in the performance management process is developing an Action Monitoring Plan. This is used when the performance issue is not resolved after repeated clarification and feedback, or if the issue is new but does not pose a high risk to member care or the Department. The last step in the progressive performance management process is issuing a formal Corrective Action Plan. This is used when the informal action plan was not effective or when the issue is pervasive, urgent, or high-risk to member care or the Department. This tool will also be used if an issue is identified as part of an external quality review.
3/1/22	Can HCPF prohibit RAEs from sending "90837" threat letters.	RAEs are federally required to implement and maintain a compliance program that

	Anthem does not have the right, nor the expertise, nor the patient contact, to dictate the length of sessions.	must include, among other things, the establishment and implementation of procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under the contract. [42 CFR 438.608(a); 42 CFR 438.608(a)(1)(i) - (vii)] The letter alerts you to your billing practices, but does not require you to alter them.
2/25/22	the contracting issues for newly licensed providers who held a full caseload as pre-licensed candidates	The Department is working with the RAEs to create a single policy on this issue.