## **RECENT CONTRACT CHANGES (JANUARY 2022)**

- Timeliness of credentialing and contracting
  - 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. The ninety (90) days begins upon the submission of a Provider's written request to contract with the RAE.
  - RAEs must deny the application from the contracting process if a Provider's application is not complete within eighty (80) days. The RAE must notify the Provider if the application is not complete prior to denial of the application.
  - RAEs must respond to all Provider inquiries related to their credentialing and contracting within two business days.
- Standardized credentialing
  - RAEs must use National Committee on Quality Assurance (NCQA) credentialing and re-credentialing standards and guidelines as the uniform and required standards for all contracts.
  - 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<sup>™</sup> 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.

## UPCOMING CONTRACTING CHANGE (JULY 2022)

- Recoupment Limitations (Draft Language)
  - The Contractor may retroactively deny reimbursement for up to 12 months after the date they paid a provider Claim. For claims in which Medicare is the primary payer, the time limit extended to 48 months. The time limitations do not apply if the retroactive denial is because the claim was fraudulent, the provider improperly coded the claim, or the claim submitted was a duplicate.
- Provider Grievances (Draft Language)
  - The Contractor shall establish and maintain a Grievance process through which providers may express dissatisfaction about any matter related to credentialing, contracting, utilization management, and claims payment.
  - Utilization Management of Psychotherapy Services
  - On or before July 1, 2022, psychotherapy services covered under the capitated behavioral health program administered by the RAEs will not have authorization requirements.

## **RECENT POLICY UPDATES**

- Documentation
  - January 1, 2022 simplification of required documentation elements in the Uniform Service Coding Standards Manual
- Billing for Dually Eligible members
  - Provider News & Resources; February 14, 2022 Issue 43

After working with the Center for Medicaid and Medicare Services, Health First Colorado has established that Regional Accountable Entities are required to reimburse for medically necessary services covered under the scope of their contract for providers in their network who are unable to enroll in Medicare.

Health First Colorado is asking the RAEs to manually process these claims, while an automated process is developed.

- Services for Gender Identity Disorder Diagnoses
  - Provider News & Resources; February 14, 2022 Issue 43 Billing Changes for Behavioral Health Services for Gender Identity Disorders

Beginning July 1, 2022, the following gender identity disorders will only be reimbursed under the Capitated Behavioral Health Program, administered by Regional Accountable Entities (RAEs), for members enrolled in the Accountable Care Collaborative (ACC):

- F64.0 Transsexualism
- F64.1 Dual role transvestism
- F64.2 Gender identity disorder of childhood
- F64.8 Other gender identity disorders
- F64.9 Gender identity disorder, unspecified

Health First Colorado providers will no longer be able to bill the Outpatient Behavioral Health fee-for-services (FFS) benefit for services provided for one of the diagnoses listed above, when a member is enrolled in the ACC and is assigned to a RAE. In order to bill for behavioral health service provided for gender identity disorders, behavioral health providers must contract directly with the RAE(s). For more information, see the Contracting Guidance for Behavioral Health Providers fact sheet.

If you have additional questions, please contact Sandy Grossman at <u>Sandra.Grossman@state.co.us</u>.

In the meantime, if providers need assistance processing FFS claims for behavioral health services with a gender identity disorder in the first position, please contact Alex Weichselbaum at <u>Alex.Weichselbaum@state.co.us</u>.

- Audit tool simplification and standardization
  - The RAEs are working collaboratively with the Department to simplify and standardize audit tools.
  - Uniform Service Coding Standards Manual
    - Neurofeedback and assessment code clarification

- Member noticing of Attribution Updates
  - The Department is working with the Enrollment Broker to institute a provision in their contract where letters will be sent to members when their attribution changes and their RAE is switched. In the meantime:
    - Members can change RAEs at any time by choosing a new Primary Care Provider that is contracted in the desired RAE region.
    - Health First Colorado Enrollment can help you choose or change your primary care provider (PCP).
    - They can also help you find providers that meet your needs. Go to Enroll.HealthFirstColorado.com. Or call 303-839-2120 or 888-367-6557 (State Relay 711). Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.
    - With the Health First Colorado app a Member is able to see the PCMP and RAE
    - Providers can see a member's PCMP and RAE in the portal
- Sufficiency of Rates
  - An analysis of rate sufficiency for selected FFS BH codes has been submitted.
- Centralized Credentialing
  - The Department continues to explore ways to centralize credentialing across RAEs, but we have not found a cost neutral solution. We will keep working on other opportunities.