



COLORADO

Department of Health Care
Policy & Financing

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Behavioral Health Provider Network Accountability & Transparency Dashboard

Update: May 2022

Improving Behavioral Health Regional Networks

The Department of Health Care Policy & Financing (the Department) is committed to improving access to behavioral health services for Health First Colorado (Colorado's Medicaid program) members. Behavioral health services are managed by our Regional Accountable Entities (RAEs). These organizations are contracted to build regional networks through credentialing and contracting with providers, and timely payment and responses to network providers. To enhance access to care, the Department has a goal of adding **950 newly enrolled behavioral health providers serving Coloradans in public programs by June 30, 2022**. This fact sheet shows an overview of progress toward the enrollment goal. It also includes provider network and customer service metrics for each region.

New Behavioral Health Providers

1,021

On pace to exceed goal and
add 1,200 by June 30, 2022

NOTE: Information is as of May 17, 2022. The provider types tracked for the goal include licensed psychologists and licensed behavioral health clinicians.

Regional Accountable Entity Metrics

The Department updated its contracts with the RAEs to improve turnaround times for enrollment, credentialing and contracting. These contracts and the new amendments are available on the [Health First Colorado Managed Care Contracts webpage](#). This fact sheet will be updated monthly with provider relations, customer service and other network metrics to ensure transparency. Some metrics may only be available quarterly, as indicated. If you are a provider and have a concern or complaint about a certain region, please contact the Department by filling out the [Health First Colorado Managed Care Provider Complaints form](#) online.



Behavioral Health Providers by Region Q3 FY 2021-2022

NOTE: This information is updated quarterly.

| Region | Current BH Practitioners in Networks | # New BH Practitioners Contracted During Quarter | # of BH Practitioners that Closed or Left Network | # of BH Practitioners Accepting New Members |
|--------|--------------------------------------|--|---|---|
| 1 | 3,311 | 12 | 12 | 3,290 |
| 2 | 3,291* | 188 | 63 | 3,291 |
| 3 | 7,021 | 146 | 111 | 3,039 |
| 4 | 3,291* | 188 | 61 | 3,291 |
| 5 | 7,021 | 150 | 112 | 3,043 |
| 6 | 4,294 | 218 | 27 | 3,881 |
| 7 | 4,294 | 218 | 27 | 3,881 |

- Note that RAEs 2 and 4 only report practitioners that accept new members as “current practitioners” in their behavioral health networks.

Timely Responses to Providers and Payments within Mandated Timeframes

The RAEs each have call centers and provider relations staff to help providers with billing, credentialing or contracting questions. Timely responses to providers are expected and a two-day turnaround is one of the metrics tracked across regions.

Top Reasons a Claim is Held Up or Denied

Providers submitting claims to their RAE must provide adequate documentation and fit within the contractual requirements of the providers with the RAEs. Below are common themes with technical claim denials (claims can also be denied if they do not meet medical necessity requirements).

- **Inaccurate billing** - some providers work with a third party to handle billing; some of these billers may have incorrectly submitted claims. In this case, the RAE can work with the biller to help resolve billing inaccuracies.
- **Use of wrong modifier** - this is an example of inaccurate billing. Billing agents should work with the RAE to correct this mistake for proper claim processing.

Providers can find RAE contact information at colorado.gov/hcpf/provider-help.



Accountability Summary by Region
NOTE: This information is updated monthly.
Data Reported through April 2022

| | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Region 7 |
|---|--|-----------------------------------|---|-----------------------------------|---|---------------------------------------|---------------------------------------|
| % of providers credentialed and contracted within 90 days (Contract change started in January, 2022) | 96.77% | 97% | 99% | 97% | 99.8% | 100% | 100% |
| % of clean claims paid or adjudicated within 30 days | 99.77% Clean Claims adjudicated within 30 days. | April 22 - 99.78% 30 days or less | 99.77% | April 22 - 99.87% 30 days or less | 99.8% | 99.90% | 99.90% |
| Response to provider questions within 2 business days | 100% of provider calls- Provider line. | 100% response within 2 days | 100% if received through the provider contracting team email. | 100% response within 2 days | 100% if received through the provider contracting team email. | 100% Average response within 24 hours | 100% Average response within 24 hours |

