

Behavioral Health Providers and Medicaid

The RAEs develop and maintain networks by contracting directly with behavioral health providers. Providers must first be validated with HCPF and credentialed by the RAE in accordance with national standards before providers can be reimbursed for covered behavioral health services. Reimbursement for services is governed by the contract executed by the RAE and the provider. RAEs contract with independent providers as well as community mental health centers, federally qualified health centers, hospitals, substance use disorder providers, rural health centers, non-physician provider groups and providers employed by a primary care medical provider.

Overview of Credentialing & Contracting in Medicaid

A behavioral health provider new to Medicaid must complete three separate and distinct steps in order to be eligible for reimbursement from Medicaid:

1. Enroll with Health First Colorado

The Affordable Care Act (ACA) and the Centers for Medicare and Medicaid Services (CMS) require physicians and other eligible practitioners to enroll or become validated in the Health First Colorado system before providers can order, prescribe, and refer items or services for Medicaid members, even when they do not submit claims to Health First Colorado. Physicians, other practitioners, and facilities who render services to Health First Colorado members, based on the order, prescription or referral of an OPR provider, will not be paid for such items or services unless the OPR provider is enrolled in Health First Colorado and the National Provider Identifier (NPI) number is included on the claim submitted to Health First Colorado.

This process is overseen by HCPF and RAEs cannot proceed with credentialing and contracting until the provider has completed this step first. Federal regulations require state Medicaid agencies to revalidate the enrollment of all providers regardless of provider type at least every 5 years.



TIMELINE: HCPF reports the average completion time over the last 12 months is three days.

2. Credentialing with a RAE

After providers are validated by HCPF, the RAE must undertake provider credentialing to verify the provider has the proper qualifications to perform or deliver services. This process requires the credentialing organization to contact various organizations, including medical or training schools, licensing boards, and other entities, to verify the providers hold the correct licenses and certificates. This is important because individuals could falsify their provider status or continue to practice after a significant malpractice or legal action against the provider for failure to deliver high-quality care or other reports that suggest the provider is incapable of completely treating patients. Being credentialed is not an administrative obstacle, but a necessary process to protect the health and safety of patients, ensure high-quality providers are in the RAE provider networks, increase compliance with state and federal regulations, and reduce fraud.

The RAEs are required to follow National Committee on Quality Assurance (NCQA) credentialing and re-credentialing standards and guidelines, which are consistent for both medical and behavioral health providers and must use a standardized credentialing application form. The RAEs are required in their contracts with HCPF to credential all contracted providers and ensure that re-credentialing of all individual behavioral health practitioners occurs at least every three years. Additional requirements include having documented procedures for credentialing and re-credentialing behavioral health providers that are publicly available to providers upon request.

TIMELINE:

HCPF reports that most credentialing applications are completed in 20-30 days. Providers can expedite the credentialing process by keeping their clinical licensure and other necessary documents updated in the Council for Affordable Quality Healthcare (CAQH) database. Ensuring the provider's information in the CAQH is complete and up-to-date can often reduce the credentialing process by 1-5 days. If providers do not submit complete and accurate data, or fail to respond promptly to questions, the process can take as long as 60 days.

3. Contracting with a RAE

After the credentialing process is complete, the contracting process between the provider and the RAE can begin. Federal law explicitly says Managed Care Entities (MCEs) are not required to contract with every available provider. The RAEs are allowed to assess the needs of their population and current network needs to identify where additional providers are needed. Reimbursement for services is governed by the contract executed between the RAE and the provider.

TIMELINE: HCPF reports that contracting can be completed in a matter of hours or days if the terms are accepted. However, the process is longer if the contract needs to be negotiated or customized for unique circumstances. The contracting process typically takes between 20 and 120 days depending on the complexity of the contract, as well as the timing of decisions made by the provider and RAE.

1. [HCPF Provider Enrollment](#).

2. [42 CFR § 455.450 Screening levels for Medicaid providers](#).

3. [HCPF: Health First Colorado Managed Care Contracts](#)

4. [Ibid](#)