

Listening Session Responses FAQ

Below are Colorado Community Health Alliance (CCHA) Behavioral Health (BH) leadership responses to the questions and issues raised during our December 2021 Region 6 and Region 7 listening sessions.

Recoupments

Why is Recoupment/the Cost Containment department limited to phone, fax, and mail — not email, electronic data interchange (EDI), or Availity?

Our Cost Containment department has reviewed the cost associated with moving toward more modern technologies and found that mail and phone are the most cost-effective tools. Cost Containment is exploring the use of Availity for recoupments. We will update our network as we are able.

March 2022 update: Our Cost Containment department has obtained approval to move recoupment-related communications into Availity. We will provide more details through our CCHA *Provider Newsletter* over the upcoming months.

I am experiencing a high rate of recoupments for Other Health Insurance (OHI)/Medicare coordination of benefits (COB), especially when Medicare rejects a claim and does not issue an *Explanation of Benefits (EOB)*. The Recoupment team stated they are told to recoup these claims.

Health First Colorado (Colorado's Medicaid Program) members are able to have OHI plans, including Commercial plans or another government health plan like Medicare, in addition to their Medicaid coverage. Per federal regulation, Medicaid serves as the payor of last resort, meaning any other insurance benefits must be used prior to Medicaid processing the claim. There are exceptions to this based on state guidance, which are outlined in the [Uniform Services Coding Standards \(USCS Manual\)](#). CCHA was recently given guidance from the Department of Health Care Policy and Financing (HCPF) regarding payment of Medicare services. CCHA is reviewing our policies and processes to ensure we are processing claims in alignment with this guidance.

CCHA is making every effort to identify OHI in a timely manner to allow providers sufficient time to submit claims to the primary insurer for payment. Check with your patients regularly to determine if they are aware of any OHI policies they are covered under. If they are aware of other policies, encourage your patients to notify the state via [PEAK](#) or their [county human services department office](#), so any OHI is reflected in the state's provider portal. We also encourage you to check member eligibility and OHI prior to every visit via the [state's provider portal](#). [Providers can register for the portal at this website.](#)

Cost Containment analysts are unavailable for direct conversations and the phone number on recoupment letters either directs to a voicemail box or requires a two-hour wait. Extended hours are not available. Recoupment letters are aggressive and allege fraud.

CCHA strives to return all calls in a timely manner and ensure providers' questions and concerns are addressed. In order to do this, CCHA set up an additional option of leaving a voicemail, so a provider does not have to wait on hold when call volume is higher. The Cost Containment team aims to return all voicemails within 48 hours. If you need a call-back during a certain time frame, please request that in your voicemail. We are working closely with the Cost Containment team to see how we can better meet the needs of our providers while avoiding long wait times and aggressive notification letters. Please reference the [BH Escalation Path document](#) for additional information on contacting CCHA.

When I receive a recoupment letter, is the amount offset from future claims, or do I have to pay back the amount?

You can provide a check to CCHA for the recoupment total, or the amount will be offset from future claims. We highly recommend reaching out to the contact on the recoupment letter to discuss available payment options.

Why am I only receiving a final notice for recoupments?

CCHA is currently reviewing the processes for recoupment letters and provider notifications. You should receive an initial notice of the recoupment, as well as a final notice. Recoupment notices are sent to the remittance address on file with CCHA, and both notices are sent to the same address. If you need to update your address information with CCHA, please use the [Practice Profile Update Form](#) located on our website.

What regulations or guidelines are in place regarding how long CCHA can look back at claims for recoupment purposes?

CCHA references various state and federal guidelines regarding lookback timelines for recoupments and has direct conversation and collaboration with HCPF. For example, we worked closely with HCPF to set the lookback period for retro dis-enrollments to 12 months. CCHA leadership is currently working with our compliance and legal teams to review lookback periods and determine where changes can be made to ensure compliance with our state and federal requirements, while reducing the burden on our providers.

March 2022 update: Following the [December 2021 CCHA behavioral health provider listening sessions](#), CCHA conducted a review of the lookback period for behavioral health claims recoupments. The lookback period is defined as how far back CCHA will review a claim for possible recoupment. After reviewing federal and state regulations, as well as weighing guidance provided from HCPF, CCHA has made the following changes:

- Effective January 1, 2022, the lookback period for paid behavioral health claims is 365 days/12 months from the date the claim was paid.
- The 12-month lookback period applies to the initial notice of recoupment. You will receive an initial and final notice before any recoupments take place.
- Exceptions in accordance with state and federal regulations:
 - The Centers for Medicare & Medicaid Services allows for recoupments where Medicare is the primary payor for up to 48 months.
 - Recoupments, as directed by state and federal officials for confirmed cases of fraud, waste, and abuse, can occur outside of any lookback period.

Claims

Is CCHA required to follow Medicaid regulations and provider contracts?

Yes, CCHA sets up its claim system to follow coding and billing guidelines outlined in the [USCS Manual](#). Providers are paid based on contracted services and rates. HCPF updates the *USCS Manual* at least twice annually. All providers should be aware of updates made to the *USCS Manual* to ensure compliant billing practices.

The CCHA system needs to reject claims upon submission instead of paying and recouping claims paid in error.

Our Operations team is reviewing our front-end edits to have claims reject and reduce the need for recoupments after the claim has been paid.

Why are claims with the GT modifier being denied?

The GT modifier only applied to certain professional procedure codes or institutional claim forms. Effective January 1, 2022, we removed the GT modifier from the integrated physician network (IPN) fee schedule and are reviewing our modifier guidance to provide more information and guidance on the GT modifier. Our system changes are not immediate. We encourage you to regularly review the [CCHA Provider Newsletter](#) for notification of system updates, and review and update your billing practices to ensure appropriate billing in line with the [USCS Manual](#).

When is CCHA adopting the new diagnosis code that was effective October 1, 2021?

Our system is configured to set up and pay for diagnosis code F32A, Unspecified Depression, as it falls within the covered diagnosis code range set by HCPF. Our system is set to pay for this diagnosis when billed alongside an appropriate procedure code.

Utilization Management

Different CCHA representatives are stating different information about electroconvulsive therapy (ECT); some say an authorization is required, while others say authorization is not required and CCHA will reprocess claims. Does ECT require authorization?

ECT does not require authorization for contracted CCHA providers. However, CCHA does require authorization for all services, except for emergency services, billed by out-of-network providers. This also applies to a provider within a contracted group who has not been credentialed with CCHA. If claims for ECT are denied for lack of authorization, follow the claim resolution process. If you are being told that ECT services require authorization for in-network providers, please reach out to your Provider Experience representative for further assistance.

CCHA is aware that some providers may experience denials or incorrect payments for ECT due to an issue with the benefit configuration. Our Operations team is working to review and correct the benefit configuration for ECT with no action needed by the impacted providers at this time.

Working with CCHA

When I have issues, whom can I email directly? And whom can I email if that contact person does not respond in a timely manner?

Please reference the [CCHA BH Contact List](#) for guidance on which CCHA representative or business area can assist. If you do not receive a timely response, reference the [BH Escalation Path document](#) for an outline of the steps to take to reach a resolution.

Business areas within CCHA (Cost Containment, Provider Issue Resolution team, and National Customer Service) are unresponsive or not helpful and are disconnected from CCHA staff. Providers who report overpayments are not informed of next steps. The customer service chat feature frequently ends, and I have to restart the chat.

We apologize for any difficulties with receiving responses from different business areas. We are sharing the feedback provided during the listening sessions with the leadership of the various business areas mentioned (Cost Containment, Provider Issue Resolution, and Customer Service). If you are experiencing a specific issue, please reach out to your [Provider Experience representative](#) to navigate processes.

More education is needed to support new Medicaid providers on navigating Availity and other CCHA systems.

[Our website](#) contains multiple onboarding resources for new CCHA providers, including information on navigating the Availity Portal. Our monthly [Behavioral Health Open Mic sessions](#) will incorporate education and training on specific Availity tools. If you would like to discuss a specific topic or resource during an Open Mic session, contact your [Provider Experience representative](#).

Can you explain the contact cadence for provider questions, inquiries, and issues related to contracting and rates?

Direct any questions and issues related to rates and contracts to our Contracting team. Our [BH Contact List](#) shows the contracting representative for each region. We strive to respond to provider inquiries within two business days, but if you do not receive a response within five business days, please reference the [BH Escalation Path document](#) for guidance on next steps.

When will independent providers receive a rate increase?

CCHA implemented a rate increase for our independent provider network effective January 1, 2022. Please contact your [CCHA contract representative](#) if you have additional questions about this increase.

Why am I receiving letters regarding overutilization of certain codes, like 90837? These letters are unclear and threatening.

We review claims data and trends to monitor for aberrant billing practices across the network as part of our Program Integrity functions. Our Provider Education department sends these letters as a form of education to notify providers of higher-than-expected utilization of specific codes when compared to a group of similar providers.

These letters do not require any action, but you can contact the Provider Education department to discuss billing practices with a certified coder if desired. CCHA will review the letters to see how we can clarify the intention of the outreach.

Who is accountable within CCHA when I do not receive a timely response from staff?

If you are engaging with CCHA staff and business areas that are unresponsive, please reference the [BH Escalation Path document](#) for guidance on next steps and contacts for assistance.

Small, independent providers and groups feel unfairly impacted compared to larger providers.

We value all our providers and recognize the importance of having a variety of providers available to serve our members. Since becoming a regional organization in 2018, CCHA has maintained an open network and has offered enrollment to any provider able to meet our credentialing requirements. We have made recent changes to enhance services for our independent providers, including our digital enrollment platform and the January 1, 2022, rate increase.

General/Miscellaneous

How is CCHA working to proactively address mental health concerns in the state?

We are looking to proactively address social drivers of health (SDOH) among our membership. One upcoming SDOH project is to contract with Pyx Health, which is an automated bot that checks in with members via text to gauge their mental health. Any member needing assistance will be immediately transferred to a live agent or the crisis line for help. Pyx Health showed great success in Arizona with treating loneliness, which has skyrocketed during the COVID-19 pandemic.

Additionally, we are working on several projects to enhance behavioral health care in our regions, including pilot programs and community incentive funding to promote high-quality and innovative practices.

System changes don't appear to be tested by CCHA prior to taking effect, and I have been told multiple providers need to complain before an issue will be investigated.

Our Operations team recently hired a new business change manager with user acceptance testing (UAT) certifications. Part of the manager's job duties is to test systems prior to deployment. Having staff with UAT experience allows CCHA to perform in-depth testing before any changes reach our provider network. Our Operations and Provider Experience teams meet weekly to discuss any potential issues with our system. If you encounter an issue with CCHA's system, contact your [Provider Experience representative](#) for assistance.

CCHA Behavioral Health leadership thanks and appreciates your participation in our listening sessions. We look forward to continued collaboration with you. Please reference the [CCHA Provider Newsletter](#) for future listening session dates.