



Southwest Behavioral Health IPA
Contracting Policy and Checklist
May, 2013

The Members of the Southwest Behavioral Health Independent Practice Association (SWBHIPA) require all Health Plans that request a Contract through the IPA to address at a minimum the following **Contracting Standards** that were adopted by the IPA. If the proposed Agreement does not meet the following Minimum Standards, each IPA Member will be notified when each Provider is balloted for participation. If the Providers elect not to participate with the Health Plan through the IPA, the Health Plan will be encouraged to contact all Providers directly to obtain independent Agreements between the Providers and the Plan.

1. All Agreements shall have a ninety day (90) without cause termination provision
2. All Agreements shall provide electronic eligibility and claim submission capabilities
3. All Agreements shall reimburse Providers within 15 days for all clean claims
4. All modifications for any change or revision within the Agreement shall require mutual approval (written) between the IPA and the health Plan
5. All Agreements shall adhere to New Mexico law concerning the payment of interest on all claims not reimbursed on a timely basis
6. All Agreements shall note that Members shall receive Membership identification Cards that provide telephone contacts and eligibility verification procedures
7. IPA Providers will have access to a contact name, phone number and email address for addressing authorizations, denials, and claims issues
8. Referral and Authorization Guidelines and Procedures shall not be overly restrictive that may hinder the provision of accessible and quality care for Plan Members
9. All Plan Agreements that allow the marketing of the IPA to other Health Plans or Networks (Silent PPO) under the existing IPA Agreement must be prior approved by the IPA
10. All Agreements will be based on current year Medicare Fee Schedules and utilize a fixed dollar Conversion Factor
11. All Agreements will not have Relative Value Units (RVUs) individually adjusted or modified from the standard Medicare RBRVS measures
12. All Agreements shall allow individual Provider negotiations of individual fee schedules or specific procedure codes
13. All Agreements shall have a one year termination date; or a provision for Contract review and adjustments for cost of living increases to the Provider reimbursement schedules
14. Plan Agreements should address IPA Network preference for referrals and community patient care management
15. Plan Agreements are encouraged to provide quality of care incentives for sound medical management of patient care
16. Non-Covered Services may be billed to the Plan Member by the Providers
17. All Credentialing standards and procedures shall be reasonable and comparable to other New Mexico Health Plan and completed expeditiously
18. Plan Agreements will allow for recoupment of payments within a maximum of 18 months