PROVIDER MANUAL

In the Colorado Access Provider Manual, you will find information about:

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Search Tip:
You can search quickly and easily by using the command Control+F. This will display a search box for you to enter what you want to find.

If you have any questions, call us at 800-511-5010 (toll free).

Colorado ACCESS

Child Health Plan *Plus* (CHP+) offered by Colorado Access – Specific Policies and Standards

BACKGROUND

Starting in 1998, we began serving low-income children through Child Health Plan *Plus* (CHP+) offered by Colorado Access. As the State's largest CHP+ Managed Care Organization (MCO), the plan currently serves children in 44 counties up and down the Front Range and in the Eastern Plains. Members of CHP+ offered by Colorado Access receive benefits beyond the standard CHP+ benefit package, including additional vision benefits, reduced prescription copayments, coverage of the over-the-counter medication with a doctor's prescription, additional hearing aid benefits, additional PT/OT/ST visits and special health care programs for diseases such as diabetes, depression, and asthma.

Child Health Plan *Plus* (CHP+) is a part of Colorado Access, a nonprofit health plan. We are dedicated to the operation of a competitive health plan designed to improve access to needed health care directly for enrolled members, and indirectly through our partners, to all underserved Coloradans with an emphasis upon primary care and the maintenance of the continuum of care.

ENROLLMENT

To enroll in CHP+ offered by Colorado Access, children must be eligible for CHP+. The state CHP+ program or the county department of human or social services determines eligibility through the Colorado Application for Public Assistance. A copy of this application is located online at colorado.gov/hcpf/how-to-apply. Children with CHP+ will be passively enrolled into a Managed Care Organization (MCO) if there is more than one MCO option in their county. Choosing an MCO will no longer occur when the family fills out the application; the MCO selection question will be removed from both the online and the paper applications. After a child has been determined eligible for CHP+, the parent or guardian will have 90 days to choose the MCO by calling CHP+ customer service at 800-359-1991 and selecting prompt #5, if they were not placed into their MCO of choice.

CHP+ ELIGIBILITY

To qualify for CHP+, children must:

- Be 18 or younger,
- Be a US citizen or legal permanent resident for at least five years,
- Not have any other health insurance (except those specifically allowed), and
- Meet the most current income guidelines for enrollment into CHP+. These can be found at colorado.gov/hcpf/program-snapshots

To qualify for the CHP+ Prenatal Care Program, potential members must:

- Be a pregnant woman,
- Not be eligible for Medicaid, or have any other health insurance, except Medicare or stand-alone vision, dental, or COBRA plans; and
- Meet the most current income guidelines for enrollment into CHP+. These can be found at colorado.gov/pacific/hcpf/child-health-plan-plus.

Members who are in their second or third trimester of pregnancy at the time of enrollment may continue to see their obstetrical provider until the completion of postpartum care directly related to the delivery. The provider must agree to accept the Colorado Access fee schedule as payment in full and agree to follow Colorado Access utilization management and quality management policies and procedures.

The Presumptive Eligibility (PE) Health First Colorado or CHP+ program gives temporary medical coverage right away to children under 19 and pregnant women. This coverage lasts for at least 45 days while the medical assistance application is processed. To qualify, a potential member must:

- Be a child under 19 or a pregnant woman,
- Appear to qualify for Health First Colorado or CHP+, and
- Apply for medical assistance.

Note: Dental services are not covered for children while in this program.

COLORADO ACCESS SERVICE AREA

CHP+ offered by Colorado Access is available to eligible children and pregnant women who live in the following Colorado counties:

Adams, Alamosa, Arapahoe, Baca, Bent, Boulder, Broomfield, Chafee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Delta, Denver, Douglas, Eagle, Elbert, El Paso, Fremont, Gilpin, Huerfano, Jefferson, Kiowa, Larimer, Lincoln, Logan, Las Animas, Mineral, Morgan, Otero, Park, Phillips, Prowers, Pueblo, Rio Grande, Saguache, Sedgwick, Summit, Teller, Washington, Weld, and Yuma. A service area map can be found at coaccess.com/chp-service-area.

PRE-MCO ENROLLMENT PERIOD

There is a period of time when members, as determined eligible for CHP+, are not yet enrolled with their chosen MCO; this is referred to as the pre-MCO enrollment period. If a CHP+ member's eligibility start date occurs prior to the member's enrollment with a CHP+ MCO, any services provided during the retro-eligibility period must be billed fee-for-service (FFS). Information on FFS billing can be found at hcpf.colorado.gov/sites/hcpf/files/CHPFFSProviderBillingFactSheet.pdf. Any services provided after the start date of a member's enrollment into an MCO must be submitted to the MCO for reimbursement.

CHP+ NEWBORN ENROLLMENT

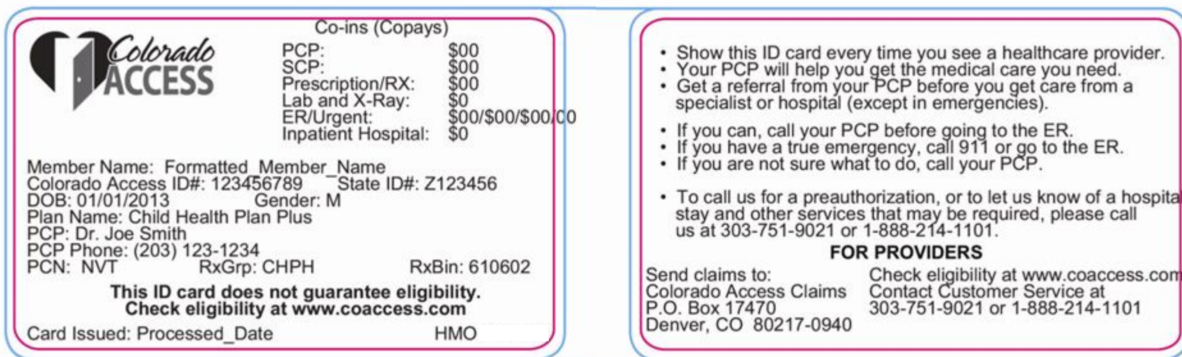
Children born to CHP+ members are covered for the first 30 days of life or until the end of the first full month following birth, whichever is sooner. To ensure continued coverage, members need to call the state CHP+ program at 800-359-1991 to enroll their newborn. Once enrolled, the newborn will be assigned to the same MCO as the mother.

ENROLLMENT POSTPONEMENT DUE TO INPATIENT STAY

If a potential member is an inpatient of a hospital at 11:59 p.m. the day before his or her enrollment into CHP+ offered by Colorado Access is scheduled to take effect, enrollment shall be postponed. Within 14 calendar days of discovering the member’s hospital admission, Colorado Access will notify the Colorado Department of Health Care Policy and Financing (HCPF) that the enrollment shall be delayed. The new effective date of member’s enrollment will be the first day of the month following the month of discharge.

MEMBER ID CARDS

Once enrolled, we send each CHP+ offered by Colorado Access member an ID card. The following is a sample of the ID card:



DISENROLLMENT

HCPF may disenroll a member from Colorado Access for the following reasons:

- The child becomes 19 years old.
- Administrative error on the part of HCPF, including but not limited to, the enrollment of a person who does not reside in the Colorado Access service area.
- A change in the enrollee’s residence to an area not in the Colorado Access service area.
- The child becomes eligible for the Medicaid program or gains other health insurance coverage.
- The child becomes an inmate of a public institution or a patient in an institution for mental diseases.

- Fraud or intentional misconduct, including but not limited to, non-payment of applicable fees by the member, knowing misuse of covered services by a member, knowing misrepresentation of membership status by the member.
- An egregious, ongoing pattern of behavior by the member that is abusive to a provider, staff member, or other patients or disruptive to the extent that our ability to furnish covered services to the other member or patients is impaired.

Members may only change their MCO for good cause reasons or at the time of renewal. Good cause reasons include, but are not limited to:

- Member moved out of the service area
- Data entry error
- Other (must be approved by HCPF)

Effective Dates of Disenrollment

When a member disenrolls from Colorado Access, the effective date of the disenrollment shall be no later than the first day of the second month following the month in which the member requested the disenrollment. If a member requests disenrollment and a decision is not made by HCPF, or its designee, by the first day of the second month following the month in which the member requested the disenrollment, the disenrollment shall be approved.

Disenrollment Postponed Due to Inpatient Stay

If a current member of CHP+ offered by Colorado Access is an inpatient of a hospital at 11:59 p.m. the day before his or her disenrollment is scheduled to take effect, disenrollment shall be postponed until discharged from the hospital. When the member is discharged from the hospital, the new disenrollment date shall be the last day of the month following discharge.

Member Moves Outside of Service Area

Members must notify their county department of human or social services that they have moved. This information will be communicated to HCPF, which will then disenroll the member effective the first day of the month following the confirmation of the move outside of the service area.

Material Incentives Prohibition

Colorado Access and its participating providers are prohibited from providing material incentives unrelated to the provision of service as an inducement to members to enroll or disenroll in the health plan or to use the services of a particular subcontractor.

BENEFITS AND COPAYS

The following services are benefits of CHP+ offered by Colorado Access. This information is for summary purposes only and does not guarantee coverage. See the CHP+ offered by Colorado Access member benefits booklet for covered services and exclusions. The booklet is located on our website coaccess.com/chp-forms-and-documents.

Additional Colorado Access Benefits

- $150 toward eyeglasses or contact lenses per calendar year
- More than 200 over-the-counter medications like vitamins and Tylenol®, when prescribed by a provider
- 40 outpatient visits per calendar year (combined) for physical, occupational, and speech therapy
- Unlimited physical, occupational, and speech therapy for children ages 0 to 3
- Reduced copayments for prescriptions
- No copays for prescription birth control
- No limit for oxygen and oxygen supplies
- Smoking cessation benefits through the Colorado QuitLine: 800-QUIT-NOW (800-784-8669). Members over the age of 15 can self-refer, identify themselves as a Colorado Access member and provide their ID number to receive services.

Health Risk Assessment & Care Management

All Colorado Access CHP+ members receive an initial Health Risk Assessment (HRA) within 30 days of enrollment to screen for special health care needs such as physical, functional, and behavioral health problems. HRA results are analyzed by the care management team and stratified depending on identified needs. Based on the results of the HRA, the care management team will contact the member to discuss individual needs and link the member to the appropriate licensed health care professionals and community resources. Members with high-intensity physical and/or emotional needs receive priority in assistance with accessing resources and/or needed care. Members identified with special health care needs will be re-assessed annually.

Care managers contact the member and discuss special health care needs. The care manager's first priority is to ensure that the member is connected with an ongoing source of primary care and connected to appropriate specialists who can best monitor the needs of the member. Care managers coordinate with the necessary providers (PCP, specialists, subspecialists) and community resources (facilities and agencies, ancillary or nonmedical services) to help the member access the health care and other services that they need and to prevent duplication of those activities.

If necessary, an individualized care plan is created that addresses treatment objectives, treatment follow-up, monitoring of outcomes, and is revised as necessary. The care manager will engage the member by asking them to establish goals in their care plan that contributes to effective management of the special health care need(s). The goal-setting process shall include steps that the member will take toward reaching goals and what interventions the care manager will take to help the member successfully reach their goals. Our medical director may confer with the treating physician(s) as necessary and make suggestions for revision to the care plan.

Care managers work to ensure that all members and/or authorized family members are involved in treatment planning and consent to medical treatment. Care managers are also asked to document any cultural or linguistic needs that may impact a member's ability to access necessary health care services and community resources.

SERVICING MEMBERS WITH SPECIAL HEALTH CARE NEEDS

CHP+ has an obligation to ensure that appropriate services and accommodations are made available to members with special health care needs. Services must be provided in a manner that promotes independent living and facilitates member participation in the community.

Members with special health care needs may be allowed to have direct access/standing referral to their specialist as needed for their care. If you have a member who may need a longstanding referral, contact Colorado Access for assistance.

FLUORIDE VARNISH PROVIDED IN A PRIMARY CARE SETTING

Fluoride varnish services can be provided to CHP+ children identified as moderate to high caries risk. Fluoride varnish may also be provided by participating PCPs or an in-network dentist. When provided by a dentist, these services are covered by DentaQuest under the routine dental benefit.

Note: this service is not covered for the CHP+ Prenatal Care Program

- Covered services must be provided by the member's assigned, in-network, PCP and does not require prior authorization.
- Benefit covers up to two fluoride varnish treatments in a calendar year for children ages 0 to 4.
- Risk assessments must be performed prior to providing varnish treatment.
- All PCPs providing this service must receive the appropriate training.
- For more information regarding training and risk assessment forms, visit cavityfreeatthree.org or call 303-724-4750.

Medical personnel who can bill directly for these services include MDS, DOS and nurse practitioners. Below are the complete billing procedure instructions:

For children ages 0 to 2:

Medical Practice: D1206 (topical fluoride varnish) and D0145 (oral evaluation for a patient under three years of age and counseling with Primary Caregiver) must be billed together.

Federally Qualified Health Centers and Rural Health Clinics: D1206 (topical fluoride varnish) and D0145 (oral evaluation for a patient under three years of age and counseling with Primary Caregiver) must be itemized on the claim. ICD 10 codes are: Z01.20 Encounter for dental examination and cleaning without abnormal findings and Z01.21 Encounter for Children with examination and cleaning with abnormal findings.

For children ages 3 and 4:

Medical Practice: D1206 (topical fluoride varnish) and D0190 (dental screening) must be billed together.

Federally Qualified Health Centers and Rural Health Clinics: D1206 (topical fluoride varnish), D0190 (dental screening) and D0999 (dental screening) must be itemized on the claim. ICD 10 codes are: Z01.20 Encounter for dental examination and cleaning without abnormal findings and Z01.21 Encounter for dental examination and cleaning with abnormal findings.

What Dental-Related Services are Covered?

- DentaQuest provides dental benefits to all eligible and enrolled CHP+ child members and to pregnant women.
- These benefits include preventive and diagnostic services, restorative services, endodontic, periodontic, prosthodontic, oral surgery, and limited orthodontic services.
- If you have any questions about CHP+ dental benefits call DentaQuest at 888-307-6561, TTY 711.

CHP+ BENEFITS AND COPAYMENTS

The current copays are available on our website at coaccess.com/chp-member-information.

Reminder

When rendering services, please check the state web portal to confirm eligibility.