



## **Child Health Plan *Plus* State Managed Care Network Administrative Services Organization (ASO) Transition Provider Frequently Asked Questions**

On July 1, 2008, Anthem Blue Cross and Blue Shield transitioned administration of the Child Health Plan *Plus* State Managed Care Network to Colorado Access. The following is important information we would like to share with you related to the July 1 effective date. **This change is effective for CHP+ only and does not impact other Anthem products.**

**Please Note:** All claims (electronic and paper) for dates of service July 1, 2008 and after should be sent to Colorado Access at the address noted below. Please submit all claims (electronic and paper) for dates of service prior to July 1, 2008, to Anthem Blue Cross and Blue Shield, the current claims administrator.

### **General Information**

#### **1. Who is Colorado Access?**

Colorado Access is a Colorado based, non profit health plan that has been serving the needs of Colorado's underserved for over 10 years. As the Department of Health Care Policy and Financing's (HCPF) administrator of the Child Health Plan *Plus* (CHP+) State Managed Care Network, Colorado Access will provide claim payment services, provider contract administration, and utilization management for members of the State Managed Care Network and CHP+ Prenatal Care Program beginning July 1, 2008. Colorado Access also has four (4) additional lines of business, Colorado Access Advantage, Access Behavioral Care, Colorado Access Health Plan, and Colorado Access CHP+ (HMO).

#### **2. How will this change affect CHP+ members?**

Colorado Access' number one goal is to make the transition as smooth as possible for members and providers. We are working closely with The Department of Health Care Policy and Financing (HCPF) and Anthem to ensure there is no interruption in eligibility or claims payment for CHP+ members and providers. Member benefits will remain the same through the end of the calendar year. The CHP+ benefit package is determined annually by HCPF.

#### **3. Where can I find the State Managed Care Network Provider Manual and other forms and documents that may assist with questions I may have?**

You can find provider materials, such as the Provider Manual and frequently used forms, at [www.chpplusproviders.com](http://www.chpplusproviders.com). These materials will also be available on the Colorado Access website, [www.coaccess.com](http://www.coaccess.com).

### **Contract Information**

#### **1. If I am already contracted with the State Managed Care Network, do I need to renew my contract now that Colorado Access is the administrator?**

You will need to renew your contract with the State of Colorado, not with Colorado Access. If **you are a Behavioral Health provider, please see below.**

If you received your contract renewal packet from Anthem Blue Cross and Blue Shield, the former administrator for the State Managed Care Network you should have a sticker addressed to Colorado Access in the packet. Please mail your completed packet to Colorado Access at the



address below. For questions regarding your contract, please send an email to [pns@coaccess.com](mailto:pns@coaccess.com).

CHP+ State Managed Care Network  
PO Box 17580  
Denver, CO 80217-0580

**Behavioral Health providers who were previously contracted with Anthem Behavioral Health will need to execute a contract with Colorado Access prior to July 1, 2008 in order to continue seeing State Managed Care Network members.** Please contact Candice Talkington at (720) 744-5208 or toll free 1-800-511-5010 ext. 5208. Email should be directed to [pns@coaccess.com](mailto:pns@coaccess.com) for more information.

2. **Do providers need to fill out credentialing applications or sign any documentation to have an active contract with the State Managed Care Network with Colorado Access as the claims administrator? (Note: This may be different for behavioral health care providers, see above).**
  - Colorado Access will notify providers if any credentialing or documentation is needed. If providers have been credentialed by Anthem, that information will be honored by Colorado Access until after July 1<sup>st</sup>, 2008. Colorado Access will then begin its normal credentialing process which follows NCQA guidelines.
  - Colorado Access participates with the CAQH Universal Credentialing DataSource. CAQH is a web-based tool that enables providers to enter credentialing information online and avoid the hassles of completing the same paperwork for multiple healthcare organizations. If you would like more information about registering with the service or completing the UCD application, please visit [www.caqh.org/cred/](http://www.caqh.org/cred/). If you already participate with CAQH, please designate Colorado Access as an authorized health plan.
  - Colorado Access will have two distinct CHP+ lines of business beginning July 1, 2008.
  - Providers may contract with the Colorado Access CHP+ Managed Care Program (HMO) or the CHP+ State Managed Care Network or both. Colorado Access encourages providers that are only contracted with the State Managed Care Network to join the Colorado Access HMO network. Joining the Colorado Access CHP+ HMO network is not required to continue participating in the State Managed Care Network.
  - Behavioral health care providers that are part of Anthem Alliance Behavioral Health, will need to contract with Colorado Access if they wish to continue participating in the State Managed Care Network.
  - Anthem Blue Cross and Blue Shield began the State Managed Care Network contract renewal activities in June. You should have received your contract renewal packet from Anthem Blue Cross and Blue Shield. Please use the sticker addressed to Colorado Access is included in the packet on the return envelope.
  - For contracting questions or assistance, please email Provider Network Services at [PNS@coaccess.com](mailto:PNS@coaccess.com) or contact Lisa Foster at (720) 744-5215, toll free 1-800-511-5010 x5215 or Amy Brown at (720) 744-5212, toll free 1-800-511-5010 x5212.



**3. Who do I contact if I am not contracted with the CHP+ State Managed Care Network, but would like to be?**

Please email Provider Network Services at [PNS@coaccess.com](mailto:PNS@coaccess.com) or contact Lisa Foster at (720) 744-5215, toll free 1-800-511-5010 x5215 or Amy Brown at (720) 744-5212, toll free 1-800-511-5010 x5212.

**4. I am contracted with Colorado Access, but not with the State Managed Care Network. Do I need to sign an additional contract?**

Yes. If you are not contracted with the State Managed Care Network, you will need to execute a contract with the State to see members in the State Managed Care Network. Please email Provider Network Services at [PNS@coaccess.com](mailto:PNS@coaccess.com) or contact Lisa Foster at (720) 744-5215, toll free 1-800-511-5010 x5215 or Amy Brown at (720) 744-5212, toll free 1-800-511-5010 x5212.

**5. Who do I contact with questions about my contract?**

If you have questions or concerns regarding your provider agreement, please email Provider Network Services at [PNS@coaccess.com](mailto:PNS@coaccess.com) or contact Lisa Foster at (720) 744-5215, toll free 1-800-511-5010 x5215 or Amy Brown at (720) 744-5212, toll free 1-800-511-5010 x5212.

**Claims & Reimbursement**

**1. When will Colorado Access begin to process claims for the State Managed Care Network?**

All claims (electronic and paper) for dates of service July 1, 2008 and after should be sent to Colorado Access at the address noted below. Please submit all claims (electronic and paper) for dates of service prior to July 1, 2008, to Anthem Blue Cross and Blue Shield, the current claims administrator.

**2. Where do I mail paper claims for members of the State Managed Care Network?**

Please mail claims for dates of service **July 1, 2008** and after to:

CHP+ Claims  
PO Box 17470  
Denver, CO 80217-0470

Please submit provider-carrier disputes/claim appeals for dates of service **July 1, 2008** and after to:

Provider Carrier Disputes/Claims Appeals  
PO Box 17189  
Denver, CO 80217-0189

Please submit claims/appeals for services rendered to members of the State Managed Care Network **before July 1, 2008** to Anthem Blue Cross and Blue Shield.

**3. Does Colorado Access need my National Provider Identifier (NPI)?**

Yes! In accordance with Federal and State guidelines, beginning May 23, 2008, all electronic claims submitted to Colorado Access must contain a National Provider Identifier (NPI). The National Provider Identifier or NPI is a 10-digit number that must be used in lieu of legacy



provider identifiers on all HIPAA standard transactions. Please note, the Provider Tax ID Number will still be required. If you have not already done so, please send your NPI to Colorado Access at your earliest convenience. You may email your NPI to: [NPI@coaccess.com](mailto:NPI@coaccess.com) or call us at (303) 751-9051 or toll free at 1-800-414-6198. Please remember to include your NPI on all electronic claims. For more information about the NPI, please visit the Center for Medicare and Medicaid Service’s website at: [www.cms.hhs.gov/NationalProvIdentStand/01\\_Overview.asp](http://www.cms.hhs.gov/NationalProvIdentStand/01_Overview.asp)

- Providers may apply for an NPI in one of three ways: Via the internet at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- Complete the paper application that is available by contacting the NPI Enumerator at 1-800-465-3203 (TTY 1-800-692-2326)
- An organization may submit a health care provider’s application in an electronic file (with the provider’s permission).
- Please contact the NPI Enumerator with questions or concerns regarding applying for an NPI. The Enumerator can be reached at: 1-800-465-3203 (TTY 1-800-692-2326) [Customerservice@npienumerator.com](mailto:Customerservice@npienumerator.com)

**4. Does Colorado Access use ClaimCheck® software?**

Yes. To assist in processing physician payments, Colorado uses ClaimCheck® software. The following explanation of payment (EOP) codes will appear on vouchers to alert you of ClaimCheck® edits:

EOP Code	Explanation
QA	Procedure code denied as incidental to anesthesia
QB1	50% reduced reimbursement for multiple surgeries
QD1	ClaimCheck® duplicate procedure
QE1	Procedure code denied as exclusive procedure
QG1	Claim check age edit
QI1	Procedure code denied as incidental
QO1	ClaimCheck® obsolete code edit
QR1	ClaimCheck® bundled code
QS1	ClaimCheck® gender code edit
QT1	ClaimCheck® assistant surgery edit
QU1	ClaimCheck® unbundled code
QV1	ClaimCheck® visit edit

**5. How do I check claim status?**

You can check claim status two (2) ways:

- Online at <https://www.coaccess.com/providers/Global.jsp>. To check claim status, you need to logon using your Colorado Access username and password. If you do not have a Colorado Access username and password, download the Web Based Applications Request Form located online at: <https://www.coaccess.com/providers/files/WebAccessApplication.pdf>. Fax the completed application to (303) 755-2368, or email to [pns@coaccess.com](mailto:pns@coaccess.com). After logging on:
  - a. Click on *Claim Status Lookup*.

- b. Enter the account number noted on the claim, or leave the space blank for a list of all recently submitted claims.
  - c. Click on the *Search* button. You will receive a list of claims that matches your search criteria.
  - d. Click on the Claim Number to view processing details.
- Call Customer Service at (303) 751-9051 or toll free 1-800-414-6198.

**6. How often does Colorado Access issue claim payments for members of the State Managed Care Network?**

Colorado Access issues claims payments to providers weekly. Timely claims submission is appreciated in order to ensure timely payment for services.

**7. What is the timely filing limit for members of the State Managed Care Network?**

Unless otherwise stated in contract, CHP+ providers must submit claims **180 calendar days** from the date in which services were rendered.

**8. Does Colorado Access accept electronic/EDI claims?**

Yes, Colorado Access accepts claims electronically through clearinghouses and direct submissions. If you have questions about electronic claims, email [edi\\_coordinator@coaccess.com](mailto:edi_coordinator@coaccess.com).

The use of clearinghouses is preferred as they provide quick and efficient submission of electronic/EDI claims that are compliant with current guidelines. Colorado Access accepts electronic/EDI claims from the clearinghouses listed below. If you use one of the clearinghouses noted below, please advise the clearinghouse to direct your claims to the appropriate payer ID for each clearinghouse listed.

**ENS:** [www.enshealth.com](http://www.enshealth.com) (Payer ID: coacc)

**Emdeon** (formally known as WebMD): [www.emdeon.com](http://www.emdeon.com) (Payer ID: 84129)

**HealthFusion** (formally known as Quadramed): [www.healthfusion.com](http://www.healthfusion.com) (Payer ID: coacc)

**Sage Software Healthcare** (formally known as Scinet): [www.sagehealth.com](http://www.sagehealth.com)  
(Payer ID: coacc)

**Relay Health** (formally known as NDC): [www.relayhealth.com](http://www.relayhealth.com) (Payer ID: coacc)

**SSI Group:** [www.thessigroup.com](http://www.thessigroup.com) (Payer ID: coacc)

**S&S Datalink:** [www.sasdatalink.com](http://www.sasdatalink.com) (Payer ID: coacc)

**PNC Bank** (formerly known as Healthcare Admin Tech): [www.pnc.com](http://www.pnc.com) (Payer ID: coacc)

**9. Can Colorado Access electronically deposit provider claim payments?**

Yes, Electronic Funds Transfer (EFT) allows Colorado Access to electronically deposit claim payments directly into a provider's designated account. If you are interested in receiving payments electronically, please download the Electronic Funds Transfer (EFT) Request Form located on Colorado Access' website at <https://www.coaccess.com/providers/Global.jsp>. A PDF of the Electronic Funds Transfer (EFT) Request Form is available in the *Additional Information for All Lines of Business* section. If you have questions about EFT, please contact Colorado Access at (720) 744-5595 or email [edi\\_coordinator@coaccess.com](mailto:edi_coordinator@coaccess.com).



Please Note: each applicant will be required to successfully complete the EFT testing process with Colorado Access before electronic payments can begin.

**10. Will provider reimbursement rates change?**

Provider reimbursement rates are determined by the Department of Health Care Policy Financing; Colorado Access will process claims accordingly.

**Authorizations and Referrals**

**1. How do I know if a service requires authorization?**

The authorization list and general authorization rules are located on the Colorado Access website at <https://www.coaccess.com/providers/Global.jsp>. To access the authorization list, logon to the site using your Colorado Access username and password. If you do not have a Colorado Access username and password, download the Web Based Applications Request Form located online at: <https://www.coaccess.com/providers/files/WebAccessApplication.pdf>. Fax the completed application to (303) 755-2368, or email it to [pns@coaccess.com](mailto:pns@coaccess.com).

You can also call Customer Service at (303) 751-9051 or toll free 1-800-414-6198.

**2. Does the State Managed Care Network require authorizations for pre-natal ultrasounds?**

Two (2) antenatal ultrasounds are covered without prior authorization. After the 2<sup>nd</sup> ultrasound, prior authorization is needed. This is to ensure that case management will review the case for pending high risk pregnancy.

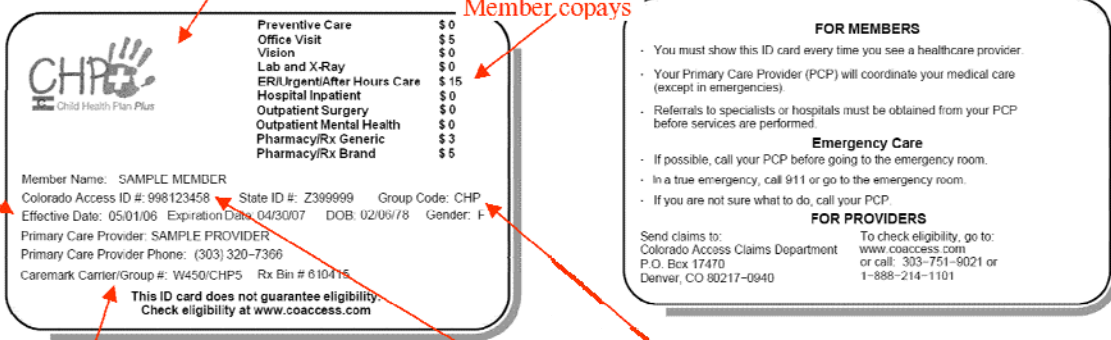
**Eligibility and Enrollment**

**1. Will members of the State Managed Care Network receive an ID card?**

Yes, each member of the State Managed Care Network and CHP+ Prenatal Care Program will receive the ID card (pictured on the next page) unless the member is a Presumptive Eligibility member.

The CHP+ logo differentiates State Managed Care Network members from CHP+ HMO members

The effective and expiration dates for enrollment in the CHP+ Managed Care Network



**Member copays**

Preventive Care	\$ 0
Office Visit	\$ 5
Vision	\$ 0
Lab and X-Ray	\$ 0
ER/Urgent/After Hours Care	\$ 15
Hospital Inpatient	\$ 0
Outpatient Surgery	\$ 0
Outpatient Mental Health	\$ 0
Pharmacy/Rx Generic	\$ 3
Pharmacy/Rx Brand	\$ 5

**FOR MEMBERS**

- You must show this ID card every time you see a healthcare provider.
- Your Primary Care Provider (PCP) will coordinate your medical care (except in emergencies).
- Referrals to specialists or hospitals must be obtained from your PCP before services are performed.

**Emergency Care**

- If possible, call your PCP before going to the emergency room.
- In a true emergency, call 911 or go to the emergency room.
- If you are not sure what to do, call your PCP.

**FOR PROVIDERS**

Send claims to:  
Colorado Access Claims Department  
P.O. Box 17470  
Denver, CO 80217-0940

To check eligibility, go to:  
www.coaccess.com  
or call: 303-751-9021 or  
1-888-214-1101

**Pharmacy information**

**This is a unique ID number and group code issued by Colorado Access. This is the member's ID number while enrolled in the CHP+ State Managed Care Network.**

Should a member seek services or medication on July 1<sup>st</sup> and not have an ID card with them, please verify eligibility following the steps listed in Question 2 below.

## 2. How do I verify eligibility of members in the State Managed Care Network?

There are two (2) ways your office can verify eligibility:

- Logon to the Colorado Access website at <https://www.coaccess.com/providers/Global.jsp>. To access eligibility verification, you need a Colorado Access username and password. If you do not have a Colorado Access username and password, download the Web Based Applications Request Form located online at: <https://www.coaccess.com/providers/files/WebAccessApplication.pdf>. Fax the completed application to (303) 755-2368, or email it to [pns@coaccess.com](mailto:pns@coaccess.com).
  - a. After entering your username and password, click on *Eligibility* located at the top of the page.
  - b. You will then be directed to the Eligibility Search screen.
  - c. Enter criteria in one of the search options listed on the page, and then click the *Submit* button.
  - d. From the Search Results page, verify that the site has selected the correct member, and click on the *Subscriber Coverage* button.
  - e. You will then receive the eligibility verification page, which includes coverage effective dates and coverage details.
- Call Customer Service at (303) 751-9051 or toll free 1-800-414-6198.

### 3. Does Colorado Access determine CHP+ eligibility?

Colorado Access does not determine eligibility for the CHP+ program. The State of Colorado determines CHP+ eligibility. To verify eligibility for members enrolled in Colorado Access' CHP+ HMO product, providers may verify eligibility on the website at [www.coaccess.com](http://www.coaccess.com). After July 1, 2008 providers will be able to verify State Managed Care Network eligibility at [www.coaccess.com](http://www.coaccess.com). If a provider needs a login ID for the website, please send a request to: [PNS@coaccess.com](mailto:PNS@coaccess.com).

### 4. How do I change my patient's Primary Care Provider (PCP) to my office/clinic?

With the patient/guardian's permission, you may use Colorado Access' website, [www.coaccess.com](http://www.coaccess.com), to change the patient's PCP to your office/clinic. Simply follow these instructions:

- At [www.coaccess.com](http://www.coaccess.com), click on *For Our Providers*.
- From the Providers Global Information page, click on *Provider Logon*.
- Enter your Colorado Access Username and Password. If you do not have a Colorado Access Username and Password, email [pns@coaccess.com](mailto:pns@coaccess.com).
- Navigate to the Eligibility screen (see directions under #2 on page 7 of 8).
- Click on the gray button titled *Change PCP* (the button is under eligibility span).
- Select your office/clinic name in the *Request Change to PCP Name* drop down box.
- Select a *Reason for a Change* in the drop down box.
- Click on *Commit to Change* NOTE: You MUST click Commit to Change in order for the change to be completed.
- Print the confirmation page, and have the patient/guardian sign.
- Retain a copy of the signed confirmation page with the patient's record.