



Provider News

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Claims Address

PO Box 17470
Denver, CO 80217-0470

Provider Network Services

PO Box 17189
Denver, CO 80217-0189

Customer Service

PO Box 17580
Denver, CO 80217-0580

Denver Metro: (303) 751-9051
Toll Free: 1-800-414-6198

Visit us on the web at:

www.chppplusproviders.com

IMPORTANT RATE CHANGE INFORMATION: **CHP+ Hospital/Facility Provider Reimbursement Change**

Effective July 1, 2010, the Department of Health Care Policy and Financing (HCPF) will institute a new hospital and facility reimbursement methodology for services rendered to CHP+ State Managed Care Network and CHP+ Prenatal Care Program members. This change was described in a May 18th, 2010 memo from William P. Heller, Child Health Plan Plus Director.

More details can be found at <http://www.chppplusproviders.com/feeSchedule.asp>

The following changes will go into effect on July 1, 2010

Contracted Hospital/Facility Providers:

- ◊ Covered Inpatient Services: 135% of the Colorado Medicaid DRG
- ◊ Covered Outpatient Services: 135% of the Colorado Medicaid Outpatient Cost-to-Charge Ratio

Non-Contracted Hospital/Facility Providers:

- ◊ Covered Inpatient Services: 100% of the Colorado Medicaid DRG
- ◊ Covered Outpatient Services: 100% of the Colorado Medicaid Outpatient Cost-to-Charge Ratio

This change does not impact non-hospital/non-facility providers

- ◊ Contracted providers will continue to be reimbursed at 90% RBRVS for covered services.
- ◊ Non-contracted providers will continue to be reimbursed at 83% RBRVS for covered services.

Timely Notification of Inpatient Admission

All inpatient care (place of service 21) requires prior authorization at a facility level. Failure to do so may result in a denial of charges.

Elective Services, Procedures, or Admissions

- ◊ The facility must request authorization at least 2 working days in advance of the scheduled service.

Emergent Admissions

- ◊ The facility must request authorization within 1 working day

CHP+ Change

On May 1, 2010, the CHP+ eligibility income limit was increased from 205% of the Federal Poverty Level (FPL) to 250%.

As a result, the Department of Health Care Policy and Financing (HCPF) has instituted a fourth copay level that will go into effect on May 1. This new copay level includes members who qualify for CHP+ at income levels 201% FPL to 250%.

- ◊ Benefits & Copay Starting on May 1 for 201% FPL - 250%
- ◊ Emergency Care and Urgent/After Hours Care: \$20

- ◇ Office Visit (Primary Care Provider & Specialists): \$10
- ◇ Outpatient Mental Health & Substance Abuse: \$10
- ◇ Physical, Speech, and Occupational Therapy: \$10
- ◇ Prescription Drugs from a Pharmacy: \$5 – generic; \$10 – brand
- ◇ Vision Services: \$10 for refractions and specialty services

Please Note: Starting on May 1st, current members who qualify for CHP+ at 201% FPL to 205% will be in the new copay level. This means that their copays will increase. We have notified these members of this change, and will be sending them updated ID cards. This change does not affect members who qualify for CHP+ at 200% FPL or lower.

If you have any questions or concerns, please call customer service at (303) 751-9051 or toll free 1-800-414-6198.

2010 After-Hours Access Survey

Colorado Access started its After-Hours Access Survey calls in mid-June 2010. The survey is one of many tools Colorado Access uses to evaluate member access to care. Calls will be placed to Primary Care Provider (PCP) offices during weekend and after-hours to determine if members have access to a qualified healthcare practitioner via telephone coverage either onsite, through call sharing, or an answering service 24 hours a day, 7 days a week.

Please contact Ileana Perez, Medical Home Coordinator at (720) 744-5236 or at ileana.perez@coaccess.com if you have any questions.

Emergency Department Utilization Program

Colorado Access continues to make efforts to reduce non-urgent Emergency Department (ED) visits in order to increase continuity and quality of care for our members. Consistent with the Colorado Access mission, the emergency department utilization program is focused on encouraging member-Primary Care Provider (PCP) relationships, increasing access to services and improving the quality and cost effectiveness of care.

The program now includes an informational follow up mailing sent to each member after their first ED visit. The mailing includes a letter to the member encouraging them to contact their PCP for care and discusses appropriate reasons for an ED visits. Additionally, a list of Urgent Care Centers throughout the state is included.

In addition to the above-mentioned mailing, the program also includes an outreach call by a Colorado Access care manager to those members who utilize the ED frequently (3 or more visits within a quarter). The purpose of the call is to ensure the member has a relationship with a PCP and to provide assistance addressing any barriers leading to unnecessary ED use. After speaking with members, we will notify providers via fax that their patient has been contacted by a care manager. The fax will also provide information regarding their patients' recent ED visits. We encourage providers to discuss these emergency department visits with their patients.

Thank you for your continued care of our members. Please assist us in our efforts by educating members on the best options for after hours care and by supporting patients calling your office or clinic before they visit the ED, especially if they are unsure if their condition is an emergency. If you have any questions regarding the Emergency Department Utilization Program please contact care management at (720) 744-5124.

Practice Guidelines

The CHP+ State Managed Care Network maintains a set of practice guidelines for use by providers. The practice guidelines are based on recommendations from nationally recognized organizations. They have been developed, adopted and maintained with the goal of improving health outcomes by reducing variation in care delivery.

The guidelines are presented to the physicians participating on our Medical/Behavioral Quality Improvement Committee (MBQIC). They evaluate the content of the guidelines and provide evidence-based feedback. All guidelines are available on the Colorado Access Provider Web site (<https://www.coaccess.com/practice-guidelines>) and are also available in hardcopy by request.

Following are the practice guidelines currently offered:

Preventive Health Guidelines

- ◇ Adult Health Maintenance
- ◇ Adult Immunization
- ◇ Colorectal Cancer
- ◇ AAP Periodicity Schedule/Bright Futures
- ◇ Child/Adolescent Immunization
- ◇ Influenza Vaccine
- ◇ Perinatal Guideline
- ◇ Adult Cardiovascular Disease and Stroke Prevention
- ◇ Tobacco Cessation and Secondhand Smoke Exposure
- ◇ Alcohol and Substance Abuse

Clinical Physical Health Guidelines

- ◇ Abnormal Pap
- ◇ Adult GERD/Heartburn
- ◇ Asthma
- ◇ Diabetes
- ◇ Adult Obesity
- ◇ Acute Respiratory Infection (ARI)

Behavioral Health Clinical Guidelines

- ◇ Depression Treatment
- ◇ Attention Deficit/Hyperactivity Disorder (ADHD)
- ◇ Bipolar
- ◇ Metabolic Monitoring of Adult Members Prescribed Antipsychotics