



Provider News

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In This Edition

Pediatric Secret Shopper Survey Announcement 1

Practice Guidelines 1

Reminder from Pharmacy Services .. 2

Important Provider Forms 2

Bilateral Procedure Billing..... 2

Newborn Billing 3

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Pediatric Secret Shopper Survey Announcement

We will begin our 2009 Pediatric Secret Shopper survey program in March. The Secret Shopper survey is one way Colorado Access evaluates CHP+ member access to care.

In order to determine if a member is provided an appointment within appointment standard timeframes, the Secret Shopper process includes a call placed by Colorado Access staff to a PCP location, utilizing a scenario to request an appointment. Colorado Access then provides immediate feedback at the conclusion of the call. In addition, the results of the call are faxed and/or emailed to appropriate clinic leadership such as the Medical Director and Office Manager.

As a reference, the Colorado Access Appointment Standards are listed below:

Type of Call	Appointment Standard
Routine Care	Within 4 weeks of request
Non-Urgent Care	Within 1 week of request
Urgent Care	Within 24 hours of request
Emergency Care	Immediately
After-hours Care: Available 24 hours a day, 7 days a week, access to a qualified healthcare practitioner via telephone coverage either on-site, through call sharing, or an answering service.	
Interpretive Services: Language assistance is available in the provider office or the member is directed to the State Managed Care Network Customer Service Department at (303) 751-9051 or toll free 1-800-414-6198.	

New this year! Offices who are 100% compliant for all standards measured in FY09 will receive a 2009 World Class Care Certificate. More details about the World Class Care program will come soon.

Thank you in advance for your cooperation. If you have any questions or would like additional information on the Secret Shopper Program or the Access to Care Standards, contact Travis Perez, Quality Program Manager at (720) 744-5241 or travis.perez@coaccess.com.

Practice Guidelines

Colorado Access maintains a set of practice guidelines for use by Colorado Access 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.

Colorado Access presents all guidelines to be adopted or updated yearly to

the physicians participating on our Medical/Behavioral Quality Improvement Committee (MBQIC). MBQIC evaluates the content of the guidelines and provides evidence-based feedback. All guidelines are available on the Colorado Access Web site at <https://www.coaccess.com/providers/Global.jsp> and are also available on request.

Following are the practice guidelines currently offered:

Preventive Health Guidelines

- ◇ Adult Health Maintenance
- ◇ Adult Immunization
- ◇ Colorectal Cancer
- ◇ Child/Adolescent – Periodicity Schedule
- ◇ Child/Adolescent Immunization
- ◇ Influenza Vaccine
- ◇ Perinatal Guideline
- ◇ Adult Cardiovascular Disease and Stroke Prevention
- ◇ Tobacco Cessation and Secondhand Smoke Exposure

Clinical Physical Health Guidelines

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

Behavioral Health Clinical Guidelines

- ◇ Major Depression in Adults
- ◇ Attention Deficit/Hyperactivity Disorder (ADHD)
- ◇ ADHD Toolkit
- ◇ Bipolar
- ◇ Metabolic Monitoring of Adult Members Prescribed Antipsychotics

Reminder from Pharmacy Services

The U.S. Food and Drug Administration (FDA) has mandated the removal of the exemption granted to chlorofluorocarbon-based (CFC) metered-dosed albuterol inhalers and the transition to the environmentally-friendly hydrofluoroalkane-based (HFA) albuterol inhalers by December 31, 2008. Please talk to your patients to ensure that they have transitioned to a HFA inhaler instead of the CFC metered-dosed albuterol inhaler.

Important Provider Forms

Clinical Staff Update Form

Please use the Clinical Staff Update Form to add or remove providers from your practice.

Provider Address Change Form

Please use the Provider Address Change Form if your legal name, service location or your taxpayer identification number (TIN) has changed and does not match your current contract information.

These forms can be located at <http://chppplusproviders.com/materials.asp>

Bilateral Procedure Billing

When appropriate, please bill bilateral procedures in the following manner:

- ◇ Bill the appropriate surgery code with 1 unit and no modifier on the first line.
- ◇ Bill the same surgery code on the second line with a modifier 50.

The 1st line will be allowed at 100% of the contracted amount. The 2nd line will be allowed at 50% of the contracted amount.

Newborn Billing

Inpatient Claims

The CHP+ State Managed Care Network accepts charges for inpatient services rendered to newborns on the same claim as the mother's charges, or on a separate claim.

- ◇ When billing the newborn's charges on a separate claim, please use a "-01" suffix after the mother's ID number (for example: 123456789-01).

Claims for Professional Services

The CHP+ State Managed Care Network accepts claims for professional services rendered to newborns with either of the following:

- ◇ A "-01" suffix following the mother's ID number (for example: 123456789-01). This is the preferred method.
- ◇ The mother's ID number, and a UK modifier following the service code.

Please Note:

For each newborn, please select one of the methods listed and bill consistently in that manner for that newborn. Inconsistent billing may result in duplicate payments. Colorado Access monitors claim submissions to identify and recoup duplicate payments.