



Provider News

November 2010

In This Edition

Join us for our December Online Training..... 1

Eligibility & Enrollment for Medical Assistance Programs Contract Update..... 1

Behavioral Health Codes..... 1

Flu Kit for Providers 1

Observation Stays 2

Billing and Claims Submission Tips . 2

Congratulations Clinica Family Health Services! 2

After Hours Access to Care Survey.. 3

ParaGard Reimbursement 3

Contraceptive Products..... 3

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.chpplusproviders.com

Join us for our December Online Training

Eligibility Verification, PCP Changes, and Addressing Eligibility Issues

When: Wednesday, December 8, 2:00 p.m. – 3:00 p.m. **To register** for this training, please go to <https://cc.readytalk.com/r/q183gsl81f8i>

Introduction to the CHP+ State Managed Care Network & Colorado Access

When: Wednesday, December 15, 10:00 a.m. – 11:00 a.m. **To register** for this training, please go to <https://cc.readytalk.com/r/jj2cchvugop1>

Eligibility and Enrollment for Medical Assistance Programs Contract Update

The Eligibility and Enrollment for Medical Assistance Programs (EEMAP) contract between the Department of Health Care Policy and Financing (HCPF) and MAXIMUS, Inc. was implemented on October 15, 2010.

- ⇒ The new state CHP+ office is located at 4500 Cherry Creek Dr., Suite 200, Glendale, CO 80246
- ⇒ The state CHP+ toll free number will not change and clients should still be directed to 1-800-359-1991 for questions related to CHP+ program enrollment eligibility and application issues
- ⇒ The state CHP+ Web site (ChpPlus.org) will not change. The only item that will change on this Web site will be the Materials page. All material and application orders are available on HCPF’s Web site
- ⇒ A new secured Web site for partners became available on October 15, 2010
 - ⇒ Please email eemapsupport@maximus.com or call 1-877-311-4540 to gain access to this new site
 - ⇒ For more information, please contact Rebecca Schreiber (rebecca.schreiber@state.co.us)

Behavioral Health Codes

The CHP+ State Managed Care Network has compiled a list of covered behavioral health codes for CHP+ members. The list is located online at <http://chpplusproviders.com/feeSchedule.asp>

Please note: the list may be updated and we suggest you check the Web site regularly, for the most current information.

If you have questions or need additional information please contact your provider and community relations liaison.

Flu Kit for Providers

As healthcare workers, we set the example of good preventive behavior. Take the time today to get your flu shot and to prepare your office with the information you need to encourage your patients to get immunized.

The Colorado Department of Public Health and Environment (CDPHE) is once again providing a Toolkit of resources about influenza prevention. This year’s toolkit has two major improvements:

1. The toolkit content is available exclusively on line at www.immunizecolorado.com;
2. A variety of newly designed marketing materials are available to educate Colorado's providers and patients about the importance of getting a seasonal flu vaccination. The resulting "No Excuses" campaign materials can be ordered by going to: flu-toolkit.thinkbigsolutions.com or by selecting Order Printed Marketing Materials on the left hand menu of the Colorado Adult Immunization Coalition Web site www.immunizecolorado.com. There is no charge for most of these materials but supplies are limited.

Observation Stays

Observation stays at any facility, 48 hours or less, do not require an authorization.

If the observation stay converts to an inpatient stay, the facility will need to contact the Coordinated Clinical Services department within 1 business day to notify us of the inpatient stay and initiate the review process. You can contact Coordinated Clinical Services at (303) 751-9021, toll free 1-888-214-1101 or by fax at 1-877-232-5976. Note: The inpatient stay admission date will be the date the patient presented in the facility emergency room.

Billing and Claims Submission Tips

As a provider for CHP+ members we appreciate the services you provide. In order to streamline the billing process we ask that you follow some guidelines listed below:

- ⇒ Verify every member's eligibility prior to providing any services.
- ⇒ Ensure that the appropriate authorization requirements have been met.
- ⇒ Verify that the place of service codes are correct.
- ⇒ Verify that diagnosis and/or procedure codes match the service provided.
- ⇒ Complete all required data elements.
- ⇒ Leave non-required data fields blank (do not enter N/A).
- ⇒ Write clearly and use only black or dark red ink on any handwritten paper claims.
- ⇒ Use only good quality toner, typewriter or printer ribbons for paper claims.
- ⇒ Do not use highlighters to mark claims or attachments.
- ⇒ Submit original claims within 120 days of the service date.
- ⇒ Bill third party or Medicare, as appropriate, prior to submitting claims to the CHP+ State Managed Care Network.
- ⇒ Attach all required documentation to the claim.
- ⇒ If several claims require the same attachment, a photocopy of the attachment must be submitted with each claim.
- ⇒ Do not submit "continuation" claims.
- ⇒ Submit paper claims to the appropriate address.

EDI Clearinghouses

The use of clearinghouses provides quick and efficient submission of electronic/EDI claims that is compliant with current guidelines. We accept electronic/EDI claims from the clearinghouses listed on the Colorado Access Web site at: <http://www.coaccess.com/electronic-claims>. If you have questions about electronic claim submissions please e-mail edi_coordinator@coaccess.com.

For additional information regarding claims, please refer to the provider manual located online at <http://chpplusproviders.com/materials.asp>.

Congratulations Clinica Family Health Services!

Clinica Family Health Services has been recognized by the National Committee for Quality Assurance (NCQA) as a Level 3 Patient Centered Medical Home, the highest level possible. Clinica is the first Community Health Center in Colorado to receive this recognition.

To qualify as a medical home a health organization must:

- ⇒ Assure that each patient has a Primary Care Provider who provides continuous, comprehensive care and with whom the patient has an ongoing relationship.
- ⇒ Have the patient's clinician coordinate a team of individuals who collectively provide the patient's ongoing care.
- ⇒ Provide or arrange for all aspects of the patient's care during all phases of a patient's life.
- ⇒ Coordinate or integrate care across all aspects of the healthcare system (specialty care, hospital care, home health care, nursing home care).

- ⇒ Put tremendous emphasis on the quality of care. This includes building a partnership with patients and their families, providing evidence-based care, utilizing up-to-date decision-making tools, measuring outcomes to judge the effectiveness of care, having patients participate in healthcare decisions, appropriate use of information technology to optimize care.
- ⇒ Provide patients with enhanced access to care through mechanisms such as same-day appointments, expanded hours and alternate options for communication between clinician and patient.

For more information on becoming a NCQA recognized Patient-Centered Medical Home, visit <http://www.ncqa.org/tabid/631/Default.aspx>

After Hours Access to Care Survey

Access to care and service is a key component of member satisfaction. After hours access is defined as members having 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.

The Primary Care Provider (PCP) or Medical Home is the primary point of access to care for members and the person through which care is coordinated. Appropriate access to the PCP facilitates continuity of care and timely medical services.

Our 2010 After Hours Access Survey was completed in August. This year’s sampling methodology included only PCP sites that were newly contracted over the previous 3 years and any PCP sites that had been non-compliant at least once over the previous 3 years. We have contacted those providers surveyed with their results. Thank you for your cooperation.

As a reminder, the Primary Care Provider (PCP) Appointment Standards are as follows:

- ⇒ **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 Customer Service at (303) 751-9051 or toll free 1-800-414-6198.

ParaGard Reimbursement

Effective 12-1-2010 SMCN will increase the reimbursement rate for ParaGard from \$398.37 to \$465.00.

Contraceptive Products

Effective September 1, 2010, CHP+ began to cover the following contraceptive products dispensed in a contracted provider’s office:

CPT or HCPCS Procedure Code	Code Definition	Relative Value	Conversion Factor	Total CO Medicaid Allowable (Relative Value x Conversion Factor)	Prior Authorization Needed
A4267	CONTRACEPTIVE SUPPLY CONDOM MALE EA	0.26	1.00	\$0.26	No
J7303	CNTRACEPTVE SPL HORMONE VAG RING EA	34.46	1.00	\$34.46	No
J7304	CONTRACEPTIVE SPL HORMONE PATCH EA	16.24	1.00	\$16.24	No
S4993	CONTRACEPTIVE PILLS BIRTH CONTROL	13.51	1.00	\$13.51	No

These services follow Medicaid’s reimbursement policy.