

Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203

Child Health Plan *Plus* (CHP+): State Managed Care Network Transition

CHP+ Provider Frequently Asked Questions (FAQ)

June 2021

Effective July 1, 2021, all Child Health Plan *Plus* (CHP+) eligible members will be automatically enrolled into a CHP+ Managed Care Organization (MCO). As a result, the CHP+ State Managed Care Network (SMCN) will no longer be available to pay for health care services for CHP+ members delivered after June 30, 2021.

This FAQ will help with any questions you may have related to this transition.

Provider Contracting

What are the contracting requirements for CHP+ providers?

Effective July 1, 2021, all CHP+ providers must have an active contract with a CHP+ MCO to be eligible for reimbursement for services delivered to CHP+ members after June 30, 2021. The SMCN will no longer process or pay for claims with dates of service beginning July 1, 2021.

Will contracts already in place with CHP+ MCOs be impacted by the SMCN ending?

No. Active contracts between CHP+ providers and participating CHP+ MCOs will not be affected.

What steps do providers need to take to begin the contracting process with CHP+ MCOs?

Providers not currently contracted with an MCO should contact CHP+ MCOs to begin the contracting process. Providers are strongly encouraged to begin the contracting process with CHP+ MCO(s) to ensure continuity of care and timely reimbursement.



For more information about contracting with a CHP+ MCO, please reach out to:

CHP+ MCO	Contact Information
Colorado Access	ProviderRelations@coaccess.com
Denver Health	303-602-2003
Friday Health Plans	Providers@fridayhealthplans.com
Kaiser Permanente	1-866-866-3951
Rocky Mountain Health Plans	Western Slope providers: 970-244-7798 Front Range providers: 303-689-7372

In addition to being contracted with a CHP+ MCO, CHP+ providers must be enrolled in the Colorado interChange to be eligible for reimbursement for services delivered to CHP+ members. Reference the <u>Department's Provider Enrollment Resource page</u>.

Reimbursement for Services Provided to CHP+ Members

What is the process for submitting claims for members currently enrolled in the SMCN?

Colorado Access will continue to pay claims for the SMCN for dates of service through June 30, 2021. Colorado Access will stop processing and paying claims for the SMCN for dates of service beginning on July 1, 2021. SMCN providers must submit all claims with dates of service through June 30, 2021 to Colorado Access for adjudication in accordance with timely filing requirements.

Are there any changes to the process for submitting claims and reimbursement for CHP+ services beginning July 1, 2021?

Effective July 1, 2021, some CHP+ claims must be submitted to the Colorado interChange or Magellan for reimbursement. Retroactive CHP+ service payments are not made by CHP+ MCOs. If a member's eligibility start date occurs prior to the member's enrollment with an MCO, any services provided during the retro-eligibility period must be billed fee-for-service (FFS). FFS claims must be submitted to the Colorado interchange and pharmacy claims submitted to Magellan. Once a CHP+ member is enrolled into a CHP+ MCO, providers should submit claims to the member's MCO for reimbursement.

The following is an example:

• On August 15, 2021 a member applies for CHP+.



- The member is determined eligible on September 10, 2021 and enrolled with an MCO on September 10, 2021.
- The member's CHP+ eligibility start date is August 1, 2021.
- A provider contracted with a CHP+ MCO delivered services to the member on August 8, 2021 and again on September 20, 2021. Therefore, the provider should submit claims for reimbursement as follows:
 - The August 8, 2021 claim should be submitted to the Colorado interChange (or Magellan for pharmacy claims) for fee-for-service reimbursement.
 - The September 20, 2021 claim should be submitted to the member's MCO for reimbursement.

How can providers verify a CHP+ member's eligibility and enrollment?

Providers should continue to verify CHP+ eligibility and enrollment via the provider portal. Reference the <u>Quick Guide</u> for additional guidance about verifying CHP+ eligibility and enrollment.

How should providers submit claims for reimbursement for members enrolled in a CHP+ MCO?

Once a CHP+ member is enrolled in a CHP+ MCO, providers should submit claims to the member's MCO for reimbursement. Providers should reference the MCO's contracted rates and associated provider resources when submitting CHP+ claims to the MCO.

How should providers submit claims for reimbursement for members who are eligible for CHP+, but not enrolled in a CHP+ MCO?

For members eligible for CHP+ but not enrolled in a CHP+ MCO, providers should submit claims to the Colorado interChange for FFS reimbursement. Reference the Provider
Resources page for more information about submitting CHP+FFS claims to the interChange. Providers should use the CHP+FFS fee Schedule when submitting claims for CHP+ services to the Colorado interChange.

Call the Provider Services Call Center at 1-844-235-2387 if you have questions about submitting claims to the Colorado interChange. The call center is open 7 a.m. to 5 p.m., Monday through Friday.

How should providers submit pharmacy claims for reimbursement for members enrolled in a CHP+ MCO?

Once a member has been enrolled in a CHP+ MCO, providers should submit pharmacy claims to the member's MCO for reimbursement. Providers should reference the MCO's formulary and associated provider resources when submitting pharmacy claims to the MCO.

How should providers submit pharmacy claims for reimbursement for members who are eligible for CHP+, but not enrolled in a CHP+ MCO?



For members eligible for CHP+ but not enrolled into a CHP+ MCO, providers should submit pharmacy claims to Magellan for reimbursement. Reference the Pharmacy Resources page for more information about submitting CHP+FFS pharmacy claims to Magellan. Call the Magellan Pharmacy Call Center at 1-800-424-5725 if you have any questions about submitting pharmacy claims.

What fee schedule should providers utilize for submitting claims for CHP+ services to the Colorado interChange?

Providers should use the <u>CHP+FFS fee Schedule</u> posted on the Provider Resources page for claims submitted to the interChange. Once a member is enrolled in a CHP+ MCO, providers should reference the MCO's contracted rates and associated provider resources when submitting CHP+ claims to the MCO.

What are the timely filing requirements for submitting claims to the Colorado interChange or Magellan?

Providers have 365 days from the date of service to submit CHP+ claims to the Colorado interChange. Providers have 120 days from the date of service to submit CHP+ pharmacy claims to Magellan.

General Information

What is the State Managed Care Network (SMCN)?

The SMCN is a contracted Administrative Services Organization (ASO), which manages a statewide provider network and delivers health care services to eligible CHP+ members. CHP+ members currently enrolled in the SMCN are as follows: prenatal individuals, children prior to being enrolled into an MCO, and presumptively eligible individuals.

Why is the Department making this transition?

The SMCN transition ensures CHP+ members can access coordinated care and support right away.

Will there be any changes to benefits, cost sharing or eligibility with this change?

The SMCN transition will not change CHP+ benefits, cost-sharing, or eligibility.

How will members be enrolled into MCOs?

CHP+ members are enrolled into an MCO based in part on the county in which they live. If a member lives in a county where more than one CHP+ MCO is available, members can change their MCO assignment after their initial enrollment. They can also switch during their annual open enrollment period.

