

October 2011



Colorado Quarterly CHP+ Newsletter

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New Electronic Interfaces	1	Welcome to the second edition of Colorado Quarterly CHP+ Newsletter. This newsletter is designed to keep county partners, community-based organizations and other stakeholders up-to-date on eligibility and enrollment in the Child Health Plan <i>Plus</i> (CHP+) program. If you have a story idea for this publication please contact Jeff Gaskill at 303-217-4213.
Program Policy Updates	2	NEW ELECTRONIC INTERFACES
PEAK	2	New electronic interfaces are now in place to make it easier and less expensive for Coloradans to apply for public health insurance. The changes will eliminate the need for some applicants to supply paper documentation to verify income, citizenship and identity.
Contract Manager Update	3	The new electronic interfaces include: Income Verification - The new Income Eligibility Verification System (IEVS) allows income to be electronically verified by using existing data collected from the Colorado Department of Labor and Employment.
Manual Enrollment	3	Citizenship & Identity Verification – The changes will allow identity and citizenship to be verified electronically through a direct connection with the Social Security Administration.
Workgroup Update	4	Automatic Reenrollment – Eligible Coloradans who have had no change in their income or number of household members will be automatically re-enrolled in Medicaid and CHP+ without submitting renewal paperwork.
Contact Information	4	Some applicants, such as those who do not supply a Social Security Number, will still need to supply paper documentation. For more information click here .

If you are interested in attending the upcoming rule change hearings, meeting schedules and draft rules are available on the [Department Web Site](#).

PROGRAM POLICY UPDATES

Cost-Sharing Rule Change

Throughout the summer, the Department met with stakeholders to develop changes to the cost sharing structure that is minimally disruptive, administratively efficient, and supports the goal of ensuring that kids have access to coverage. After the stakeholder process and a Public Rule Review in September, the new cost-sharing structure was presented to the Medical Services Board (MSB) on October 14, 2011. To view changes [click here](#). The proposed enrollment fee changes go into effect January 1, 2012 and copayments go into effect July 1, 2012.

Pre-HMO Period Rule Change

One of the Department's budget reduction items in the Long Bill, SB 11-209, was a change to the pre-HMO period for CHP+. This change would align CHP+ with policies of private insurers with HMO coverage starting the first of the month after *eligibility* is determined. Current policy covers services through the State Managed Care Network from the *date of application* until clients are enrolled in their HMO. The rule change was presented for first reading at the MSB on October 14, 2011. The policy change is expected to be in place early spring 2012.

Express Lane Eligibility

Free/Reduced Lunch Express lane Eligibility Program begins when a child applies for Free/Reduced Lunch at a participating school district. If the school determines the child is eligible for Free/Reduced Lunch the school will provide the application information to an eligibility site and a Family Medicaid/CHP+ application will be initiated. This program will streamline the application process for families who have children who may be eligible for Medicaid/CHP+, but not enrolled. This policy change became effective October 14, 2011. To view [click here](#). A list of participating schools will be forthcoming.

PEAK

The PEAK Web site is a fast and easy way for clients to access benefit information online, apply or make demographic changes. Since June 1, 2011; 3,142 applications for medical assistance programs were submitted through PEAK.

As community partners, you play a critical role in helping the state reach individuals who are eligible, but not enrolled in public insurance programs like CHP+ and Medicaid. Please click on [PEAK](#), then community partners tab to access valuable resources.



DEPARTMENT CONTRACT MANAGER UPDATE

Rebecca Schreiber has been instrumental in providing guidance and leadership for the past four years as CHP+ Contract manager. She left the Department this past month.

Thanks to Rebecca for her commitment and passion that was demonstrated over the last four years. We wish Rebecca well on her new venture.

Welcome Tamara Paul Reeff as new contract manager for the Department, please direct all questions concerning the contract to [Tamara](#).

Manual Enrollment Process

The CHP+ program's eligibility and enrollment are determined in the Colorado Benefits Management System (CBMS), while the plan reporting and payment processes are managed by the Medicaid Management Information System (MMIS). The MMIS is sometimes referred to as the

“Provider Portal.” Due to flexibility in the design of CBMS, an eligibility technician can change dates and re-run eligibility for cases causing changes in both CHP+ eligibility and enrollment data on a daily basis. In combination with differences in file structure, this creates

processing issues when loading data into the MMIS and causes CHP+ enrollment discrepancies to exist between the two systems. This discrepancy can lead to clients having problems making appointments or receiving prescriptions.

Providers and clients that are not able to make appointments or fill prescriptions need to call their MCO to check their enrollment spans. If a client is not showing enrollment spans, MCOs will contact MAXIMUS to verify eligibility; a manual enrollment will be completed between MAXIMUS and the MCO to show correct

Task Force Solutions for Manual Enrollment

In September CBMS started generating a weekly file of CHP+ current enrollments and make it available directly to the CHP+ health plans to load into their systems. Starting mid October the weekly CBMS file of CHP+ current enrollments was made

available in the MMIS Web Portal. When a provider verifies eligibility/enrollment, the MMIS Web Portal will display CHP+ enrollment data from the weekly CBMS file. A long term solution is to define system changes to allow CHP+

enrollment processing to be managed via MMIS. This will resolve all identified implications and provides functionality for improved management of enrollment spans between Medicaid and CHP+. This change is scheduled for November 2012.

To help direct calls about manual enrollment to the appropriate entity, the Department has developed [Information to Health Care Providers](#) to clarify questions for the call and find who is the right organization to help answer your inquiry.

WORKGROUP UPDATE

The Workgroup held its meeting on September 22, 2011 to discuss CHP+ manual enrollments, volume coming into MAXIMUS, top five reasons community partners contact MAXIMUS, PEAK, and new electronic interfaces.

The panel consisted of Rebecca Schreiber, Steve Hunter, Alan Kislowitz, Teresa Craig, Christine Martinez from the Department, Brenda LaCombe from Pueblo Step-Up, Gayle Fowler, Jeff Gaskill from

MAXIMUS. Discussion was centered on CHP+ manual enrollments and efforts to ensure clients are receiving access to the benefits they qualify for.

Q& A:

There were many good questions that were brought up during the workgroup that we want to share.

[To review Q&A please click here](#)

Get Involved:

The stakeholder workgroup meetings are open to the public and can be attended in person or through a call-in number. Please contact [Jeff Gaskill](#) at 303-217-4213 if you are interested in attending or want additional information.

Workgroup Meeting Schedule:

December 22, 2011
March 22, 2012
June 22, 2012

All meetings will be held from 10:30 AM to 12:00

Child Health Plan *Plus*

Keeping Colorado Kids Healthy

Managed Care Organizations Contacts

[Colorado Access](#)

888-214-1101

[Colorado Choice Health Plans](#)

719-589-3696 or 800-475-8466

[Denver Health Medical Plan](#)

800-700-8140

[Kaiser Permanente](#)

303- 338-3800

[Rocky Mountain HMO](#)

800- 346-4643

[State Managed Care Network](#)

800-414-6198

CHP+ Contacts

CHP+ Customer Service:

~ Se habla español

8:00AM to 6:00PM

Monday through Friday

Toll free: 800-359-1991

CHP+ Location:

Colorado Medical Assistance Programs
4500 Cherry Creek South Drive, Suite 200
Glendale, CO 80246.

Lobby is open to clients from
9:00AM to 5:00PM

Here is a [map](#) of our location

Se habla español.

Liaison Line 877-311-4540

MOVEit – Secure e-mail

[EEMAP](#) - General questions and request
MOVEit access