



COLORADO

Department of Health Care
Policy & Financing

Understanding the Current Passive Enrollment Process in the Denver Metro Region

March 2018

What is passive enrollment?

Passive enrollment is a process defined by [42 CFR §438.54](#) as the process by which a state Medicaid agency enrolls new members into its managed care health programs.

In Colorado, the Department of Health Care Policy & Financing (the Department) administers Health First Colorado (Colorado's Medicaid Program) and Child Health Plans *Plus* (CHP+) and applies passive enrollment to new members.

Definitions

- The Department utilizes the **Colorado Benefits Management System (CBMS)** to determine eligibility for Health First Colorado and CHP+ (and other state benefits).
- The Department utilizes the **Colorado interChange** to enroll Health First Colorado members in to health plans, and to pay Health First Colorado and CHP+ providers for services provided to eligible members.

How does passive enrollment work in Colorado?

- The CBMS sends a daily file of newly eligible members to the Colorado interChange. The Colorado interChange processes the member's demographic information through an enrollment hierarchy, which is specific to the county the member lives in.
- The member is assigned to a health plan based on their county of residence, prior Regional Care Collaborative Organization (RCCO), and Primary Care Medical Provider (PCMP) assignment.

How does a member know about their enrollment?

Members receive notice of their passive enrollment into a health plan at least 30 days before they are enrolled into a health plan, and have the option of calling Health First Colorado Enrollment to change their health plan before they are enrolled.

Once enrolled, members have 90 days to call Health First Colorado Enrollment to opt-out and choose a different health plan.

If the member does not call within the 90-day window, members remain enrolled in the health plan until their open enrollment period (two months prior to their birth month).

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If a member opts out of the Managed Care Organization (MCO), Health First Colorado Enrollment uses a disenrollment reason code to ensure the member will not be assigned to that MCO again.

Members who would like to disenroll or have other questions regarding passive enrollment should contact Health First Colorado Enrollment at 303-839-2120 or 888-367-6557

Frequently Asked Questions

What is attribution?

Attribution is the process of assigning a new Health First Colorado Member to a PCMP. This can occur by one of three ways: Member choice, utilization history, or family connection.

Who is affected by passive enrollment?

The passive enrollment process applies to members in a region with a managed care plan, such as Denver Health Medicaid Choice, Rocky Mountain Health Plans Prime, or CHP+ health plans.

Can providers request a member's disenrollment?

No, the member must call Health First Colorado Enrollment to request the change.

My patient was incorrectly disenrolled from their RCCO after March 1, 2017. Can they request disenrollment and reattribution?

Yes. Effective immediately, Health First Colorado Enrollment will accept disenrollment requests from any DHMC Member who was disenrolled from a RCCO or PCMP after March 1, 2017.

Please note, the member must contact Health First Colorado Enrollment at 303-839-2120 or 888-367-6557 to request this change. Providers are not authorized to request a member's disenrollment.

How does passive enrollment affect newborns?

Upon birth, a newborn will be attributed to the mother's health plan. A newborn's health plan cannot be changed until two months after the newborn's birth.

In order for the attribution to be decided based on utilization history, what services need to have been provided in order for a patient to qualify?

Attribution looks at the use of Evaluation and Management codes.

What is the passive enrollment hierarchy for members living in Denver County?

The Denver County passive enrollment hierarchy is 1) Denver Health Medicaid Choice, 2) ACC with RCCO 5, and 3) Health First Colorado Fee for Service. Members are assigned to a health plan based on their county of residence.



What is the passive enrollment hierarchy for members living in the Western Slope Counties?

The Western Slope County hierarchy is 1) Rocky Mountain Health Plans Prime, 2) ACC with RCCO 1, and 3) Health First Colorado Fee For Service. Members are assigned to a health plan based on their county of residence.

Can the Department backdate ACC enrollment so the provider can get paid for a visit before changes in attribution were made?

No, the Department will not backdate ACC enrollment. It is the provider's responsibility to ensure a member's enrollment by checking the provider portal.

Does the Health First Colorado Enrollment call center have translation services for callers?

Yes, the Health First Colorado Enrollment call center provides language services for individuals whose first language is not English.

What is the easiest way for a member to update their address?

Members can use the PEAK app or log in to their PEAK account at www.coloradoCO.gov/PEAK to update their address.

What issues in the Colorado interChange are affecting passive enrollment?

There is a known issue with the way the Colorado interChange processes the passive enrollment business rules. This issue is resulting in ACC members with a PCMP attribution being incorrectly enrolled into Denver Health Medicaid Choice (DHMC) when the member moves from any Colorado county into Denver County.

The change of county causes the system to put the member through the assignment hierarchy. If that client moves to Denver County, they will be assigned to DHMC regardless of prior attribution.

