

Chapter 3 : ELIGIBILITY AND ENROLLMENT FOR MEDICAID AND CHILD HEALTH PLAN PLUS

BACKGROUND

Approximately 400,000 of Colorado's children (roughly 1/3) are low income and/or uninsured. Of this number, only 250,000 are actually enrolled in Medicaid or Child Health Plan Plus (CHP+). Of the 150,000 uninsured children, about 100,000 are eligible for Medicaid or CHP+, but are not enrolled. A recent newsletter from CHP+ states that only 43% of the eligible children in Boulder and Arapahoe Counties are enrolled in CHP+. Many families in the metro area are eligible for either Medicaid or CHP+, but their children are not enrolled.

Unfortunately, children on Medicaid or CHP+ may become dis-enrolled from the programs for a variety of reasons. The process of re-enrollment (or re-determination) can be frustrating and time-consuming, and is a frequent reason cited by practices who have not wanted to participate with Medicaid or CHP+.

CCHAP helps with eligibility, enrollment and re-determination in the following ways:

- 1) This simplified overview and explanation of the processes;
- 2) Helpful contact numbers for who to call when there are problems;
- 3) Direct assistance from our Resource Coordinators for families who are having problems with the application process, particularly with re-enrollment or re-determination;
- 4) Special training for office staff provided by CCHAP on how to handle problems with these complications. Contact Erlinda DeLuna at 720-777-6363 (deluna.erlinda@tchden.org) or Lorena Reyes at 720-777-6363 (reyes.lorena@tchden.org) to set up training.

ELIGIBILITY AND ENROLLMENT FOR MEDICAID & CHP+

Who is eligible?

Medicaid covers young children in families with a net income of zero to 133% of the Federal Poverty Level (FPL), and also covers older children in families with income up to 100% of the FPL. CHP+ covers children in families with incomes from the Medicaid level up to 205% of the FPL. There are specific programs within Medicaid that have different income levels. The decisions about eligibility are complicated and are made by the Colorado Benefits Management System (CBMS) computer system. The CBMS system also determines eligibility for other programs like TANF (financial assistance), food stamps, and child care assistance.

We recommend you have at least one staff member trained in the processes involved in the Medicaid and CHP+ application, enrollment and verification. Key resources and people who can assist you and your practice are listed in this chapter. Our care coordinator and

resource coordinator are also able to answer any questions, help resolve problems, or supplement your training that was provided by CHP+ and Medicaid.

Application Process for Medicaid and CHP+

The Colorado State Department of Health Care Policy and Financing (HCPF) oversees all of the Medicaid programs and CHP+.

ACS is a private company contracted by the Colorado Department of Health Care Policy and Finance (HCPF) to determine eligibility and to enroll patients for Medicaid and CHP+. ACS processes one application form for both Medicaid and CHP+, so it is not necessary to know for which program the child or family will qualify.

If a patient is uninsured and has not applied for assistance, please give the parent an application and ask them to fill it out completely. An order form for application packets is included in this chapter. There is no charge for forms for medical offices.

Families can send their applications to ACS, or apply through their county department of social services. Our experience has shown that applications are processed through ACS quicker, and tracking the application and problem resolution is simplified through ACS.

Please make sure your applicants write in “Colorado Access” on page 2 of the application forms in case they are eligible for CHP+. (See the section on CHP+.)

The information on the application is entered into CBMS, which is the database system that houses information for all healthcare programs (and also other entitlement programs like financial assistance and food stamps) and determines program eligibility.

The enrollment process at ACS is as follows:

1. Parent completes an application and mails it to ACS. The application should include the documents requested to show proof of income and proof of citizenship or legal immigration status and identity. A hand-out to help parents is included at the end of this section in this chapter.
2. The application is received in the ACS mail-room and is stamped with a received date.
3. The application information is entered into CBMS.
4. When the application is approved, a letter is sent to the family. The letter heading is from the State of Colorado for both Medicaid eligible and CHP+ eligible participants. This letter will give the family their technician’s contact information.
5. If the patient is CHP+ eligible, the application goes to an enrollment technician at ACS. If they are Medicaid eligible, the application goes to the county where the patient resides.

6. If the patient is approved for CHP+, a letter will be sent to the family. The family may also receive a bill if they fall within the guidelines for a one-time yearly fee. The fee is \$25.00 for one child and \$35.00 for more than one. This fee is to be paid in 30 days. If they do not pay within 30 days, their application is denied.
7. If the application is denied, a letter is sent explaining the denial. If the family disagrees with the decision they can appeal it.
8. If the application is incomplete, a letter is sent explaining what is missing and the parent has 14 days to provide it (if the parent does not provide the information within 14 days, the application is denied). If it is completed and returned within 14 days, it goes through the eligibility process described above.
9. ACS will send separate requests for missing information. The first letter will request income verification. Once the income verification is received, ACS will determine which, if any, citizenship and identification documents are needed and hold it again for those documents.

Encourage your families to make sure the application form is completed and all necessary documents included to speed up the process. A document maybe held up twice if ACS is waiting on supporting documentation. An information sheet and instructions for your families about speeding the application process and the Affidavit to Establish Identity are included in the next few pages.

According to HCPF policy, Medicaid applications are to be processed and an eligibility determination made within 45 days of the application date. However, this may not always happen, due to the number of applications a county receives. If a patient applied for Medicaid through their county social services originally, they should contact that county (numbers at listed at the end of this chapter). If the application was originally sent to ACS, questions regarding the application should be directed to ACS/CHP+ at 1-800-359-1991.

If a patient continues to have problems with their application direct the family to HCPF's customer service at 303-866-3513.

The contact numbers listed above should be used by the parent or the practice first, to determine the problem, and the CCHAP care coordination and support services staff will assist if the other resources fail. You can reach us at 720-777-6363.

Information to help a parent or guardian accelerate the application process:

1. Have or know the social security numbers of all your children you are applying for.
2. Parent's/Guardian have a picture ID, or driver's license.
3. Have an original birth certificate for your child/children that you are applying for.
Take this with you to the site where you get assistance with the application process.
4. Make copies of your last check stubs for the month that you are applying in. If you do not have all of these check stubs for the month, make a copy of your most recent pay stub. If you are unemployed you will need a ledger copy of you most recent taxes. If you do not get a pay stub, you can have your employer write you a letter to show proof of your gross income.
5. Have an affidavit filled out and an identity/citizenship form to take with you to the site where you get assistance with the application process.
6. Please include these copies with your application. You can also take the application directly to your County Department of Social Services. Or take this application to the accredited site for help with this application. At the accredited site, you may be able to get a PE (presumptive eligibility) card which is a temporary card of coverage that same day. The representative at this site will let you know if you qualify for this card. Or you can mail your completed application to the address below, this could take up to 3-45 days for processing.
7. If you have any questions and need help with your application, you can call 1-800-359-1991, Monday – Friday 8 AM – 6 PM.

Please mail your application to:

CHP+/ ACS Medicaid
P.O. Box 929
Denver, CO. 80201

AFFIDAVIT TO ESTABLISH IDENTITY

This form can be used by a parent or guardian to establish the identity of a child under the age of 16. This form should only be used if none of the documents listed in Chart 5 of the Documents Establishing US Citizenship and Identity document are available. It cannot be used if an affidavit was used to establish the child's citizenship, as described in Chart 4.

Instructions:

Complete the numbered blanks as follows:

- 1) Name of the parent or guardian.
- 2) Relationship of the individual to the child. The individual signing the affidavit must be a parent or guardian.
- 3) Child's full name.
- 4) Child's full name.
- 5) Child's date of birth.
- 6) Child's place of birth.
- 7) Date of signature.
- 8) Name of the parent or guardian.
- 9) Signature of the parent or guardian.

AFFIDAVIT TO ESTABLISH IDENTITY

I, _____ (1), _____ (2) of
Name of Parent or Guardian Relationship (Parent or Guardian)

_____ (3) state under the penalty of perjury that I have
Child's Full Name

personal knowledge that _____ (4) was born on
Child's Full Name

_____ (5) in _____ (6).
Child's Date of Birth Child's Place of Birth (city, state, country)

I affirm and declare that the facts stated in this Affidavit are true and correct.

Signed on _____ (7) by _____ (8)
Date of Signature Name of Parent or Guardian

Signature of Parent or Guardian (9)

COLORADO MEDICAID

If the child has been placed into the Medicaid program, their case will be forwarded to the County Department of Social Services in the county where they live. A list of the county contact phone numbers is available on the EPSDT Toolkit website.

The term EPSDT refers to the benefits that children are entitled to under the Medicaid program. These are listed on the EPSDT website. This website is loaded with helpful information, forms, etc:

https://hcpf.cdhs.state.co.us/HCPF/EPSDT/EPSDT_Final_page2.asp

Or go to the HCPF website, click the link for *reference material* on the right side of the page, and then click the link for the EPSDT toolkit.

Eligible Needy Newborns

Eligible Needy Newborns is the Medicaid program which applies to children ages 0 to 1. If the child's mother is on Medicaid at the time the baby is born, the baby is automatically eligible. A new application is not required; however, the birth does need to be reported to the County Department of Social Services to have the baby added to the mother's case. Anyone, including the healthcare provider's office, can report the birth to the County Department of Social Services.

Add-a-Baby Form

Medicaid has made it possible for you to now report needy newborns directly to the Department to be added to open Medicaid cases. Please remember that Needy Newborns are those children born to mothers who were on an open Medicaid case at the time of the delivery. This process cannot be used to add other children to a case or to open a closed Medicaid case. Medicaid will add newborns to open cases, returning the state ID number to the provider or reporting entity as well as the parent.

There are several options available to report a needy newborn. These are described on the next page. You will see that most of the information is the same information you reported in the past.

FOR EMERGENT ADD-A-BABY REQUESTS: Note in large words when faxing or emailing the Add a Baby to Shawna Moreno "**EMERGENT REQUEST**" and note the reason for the urgency. Also we recommend you call or email Shawna Moreno to let her know you have sent an urgent request. You may call her at 303-866-4456, and or email her at shawna.moreno@state.co.us.

Tracy Vallejo (303) 866-6103 can also assist with Emergent Add-A-Baby's. If you can't reach either Shawna or Tracey, then you can contact their supervisor Gail Seller (303) 866-2139.

Add-A-Baby Requests

(Reprinted from Medicaid Provider Bulletin November 2009)

On October 1, 2009, the Department began accepting all Add-A-Baby requests for processing. Although the eligibility sites will continue to be able to add babies to Medicaid upon request, the Department is giving providers an alternative means to making babies eligible within five business days of the form request being received.

Providers can submit the Add-A-Baby form to the Department in three different ways:

1) An email submission can be sent by completing the Add-A-Baby Form (Fill-in) located at: www.colorado.gov/hcpf > Providers > Provider Services > Forms > Other Forms. Email this form as an attachment to add-a-baby@hcpf.state.co.us. The email must be encrypted for security purposes, please follow the instructions below:

How to encrypt the Add-A-Baby form:

- a. In Microsoft Word, select the **Tools** option from the menu bar
- b. Select **Options...** from the drop down menu
- c. Click on the Security tab and enter "hcpf" in the **Password to open:** field located in the **File encryption options for this document** section
- d. Click OK

2) Submit the completed form by fax to the Department at 303-866-4517, Attention: Shawna Moreno or mail the completed form to Health Care Policy and Financing, 1570 Grant Street, Denver CO, 80203, Attn: Shawna Moreno. The standardized Add-A-Baby Form (Print and Fax/Mail) is available under "Other Forms" in the Provider Services Forms section and as Attachment A of this bulletin.

3) An online form is available at www.colorado.gov/hcpf > Clients & Applicants > Click on Report the birth of a Medicaid or CHP+ baby online. **THIS IS THE BEST OPTION!**

Please note that the Department will only accept the official form for Add-A-Baby requests.

We ask that providers do not alter the form in any way, since all of the information on the form is needed to process the requests.

Please contact Shawna Moreno at shawna.moreno@state.co.us or 303-866-4456 if you have any questions.

Duration of Eligibility

A Medicaid patient's eligibility will undergo re-determination 1) annually, 2) if they move to another county, or 3) anytime they submit an application for other services through the CBMS system (for example, if they apply for food stamps or WIC).

Encourage your patients to pay close attention to the mail they receive from the State of Colorado and bring the letters to you if they have difficulty understanding what they need to do. We encourage you to call our resource coordinators if you have trouble understanding what is being asked of the family. You may be surprised how difficult some of these written communications are to understand.

Medicaid Management Care Organizations

Currently, patients in your practice are on Medicaid or Medicaid Primary Care Program (PCPM). A Medicaid Managed Care Organization (MCO) is currently available only at Denver Health. CCHAP does not encourage our practices to select the PCPM option because the advantages are limited compared to the extra requirements. However, if you are interested in the PCPM program, please contact your Medicaid provider services representative.

What to do if Your Medicaid Patient has been Passively Enrolled into Denver Health

Sometimes, Medicaid children that you have seen in your practice may get enrolled into Denver Health (DH), rather than the PCP fee-for service program. The family will receive a letter of notification that they have been reassigned to DH, but this letter can be confusing for the family.

Please follow the steps outlined below to disenroll a patient from DHHA:

1. The family must call Maximus (Health Colorado) at **303-839-2120 or 1-888-367-6557** and ask to be allowed to stay with their provider's office since they have been with your practice in the past. The parent needs to tell Maximus they are at your office now for an appointment and want to stay with you as their PCP for **CONTINUITY OF CARE**. The family needs to get the effective date of change from (Health Colorado). This is usually the beginning of the following month.
2. When checking for eligibility, and if your patient shows up (DH) as their HMO, you should call for an authorization before the patient visit (see below for numbers). An authorization should be given to all visits.
3. You can send your claim to (DH) with your authorization # at the address below to get paid.
4. If the visit is close to the end of the month, the parent will be asked if they can reschedule until after the 1st day of the next month. Please have your parents stand firm that they cannot reschedule and need to be seen that day.

*If you are having trouble getting an authorization, please call Erlinda Deluna or Lorena Reyes @ 720-777-6363 and they will try to work with (DH) to get you an authorization.

Denver Health Prior Authorizations:

When you check eligibility and find one of your patients has been enrolled into Denver Health, you will need to call the following people at the Denver Health Referral Center to attempt get a pre-authorization prior to seeing the patient.

Queue line 720/956-2104 Option 3 and then, option 3 again, for last name letters ending with A-M, and option 4 with last name letters ending with N-Z. They prefer you call the Queue line, but if you cannot get through you could call and leave a message.

Cecilia 720/956-2340 last name letters ending in A-M
Erasmus 720/956-2454 last name letters ending in N-Z

Denver Health Medicaid Choice claims should be sent to:

P.O. Box 40606, Denver CO 80204

*If the child needs medications and is on (DH), call (DH) Pharmacy (Ashley) at 720/956-2294 and she will determine if an authorization can be given to the child for medications needed.

*Also, please notify CCHAP when you experience an issue related to Denver Health and problems getting an authorization. We need specific names, dates, etc for whom you spoke at Denver Health. We will have HCPF look into the cases as a possible contract issue.

*Also, if you would continue to send Kevin (heckman.kevin@tchden.org) your patient's Medicaid State IDs on a regular basis, they can be exempted from the passive enrollment process all together, therefore bypassing the need for referrals or prior authorizations from Denver Health.

CHILD HEALTH PLAN PLUS (CHP+)

Children whose household income level falls between Medicaid eligibility and 250% of Federal Poverty level (FPL) are eligible for the Child Health Plan Plus (CHP+) program. All family members who are participating in CHP+ are required to be enrolled with an HMO provider after the first 60 days. Children who are less than 60 days in the state provider network are considered in the “pre-HMO period”, and will be assigned to Colorado Access to complete their first 60 days of enrollment. If you experience any problems with the application or pre-HMO-enrollment period billing, please contact ACS CHP+ Customer Service 800-359-1991

Colorado Access CHP+

CHP+ requires that participating children be enrolled in an HMO after the 60 day pre-HMO period. Colorado Access is a non-profit HMO provider for CHP+ that works with the Colorado Children’s Healthcare Access Program (CCHAP) in the counties surrounding Denver. In the Denver Metro counties, families can choose between Denver Health Authority, Kaiser and Colorado Access. The only HMO working with private practices is Colorado Access. If an HMO is not selected by the parent on the CHP+ application, their application may enter a “pending” (held up) stage or be transferred to Denver Health.

Make sure your families choose Colorado Access as their HMO on Page 2 of the enrollment application. If a parent comes to you with the letter that they have received from the CHP+ program that is requesting them to choose an HMO, please help them with this decision. An HMO Enrollment Form is included later in this chapter. This form needs to be filled out for any patient who is still in the Colorado Access State Provider Network, and faxed to CHP+ with a parents signature. This process will help ensure the patient and their family will remain in your practice after the initial pre-HMO period ends.

Please refer to your Provider Manual from Colorado Access for further information. If you have questions or problems concerning Colorado Access enrollment, call Colorado Access Customer Service at 1-800-511-5010.*

CHP+ Newborns

The child’s birth should be reported to ACS at 1-800-359-1991, so it can be determined if the child is eligible for Medicaid. The “Add a Member to CHP+” form in this chapter can be used to add a newborn to CHP+. If the baby’s mother is a teenager on Colorado Access CHP+ she may call the Colorado Access Customer Service Line at 1-800-511-5010. The baby will be added more quickly to CHP+, and Colorado Access will report the information to ACS for the mother.

Duration of eligibility

CHP+ patients are eligible for 12 months. If family finances decrease making them eligible for Medicaid during the year, they should let their county technician or CHP+ customer service know.

* Reference Colorado Access Key Contacts Map, Chapter 16

REQUEST TO ADD A MEMBER TO CHP+

Please complete one form for each member to be added to the household.

Please note: This is not a guarantee that this member will be added. CHP+ will still screen for Medicaid eligibility and for all other eligibility requirements before adding him/her.

HOUSEHOLD INFORMATION (REQUIRED):

Head of Household's Name: _____ Date of Birth: _____

Street Address: _____

City, State, and Zip Code: _____

Phone Number: _____ County: _____

PCP: _____ HMO: _____

MEMBER(S) TO BE ADDED:

Name (as it appears on the birth certificate): _____

Date of Birth: _____ Gender: _____ US Citizen (Y or N): _____

Social Security Number: _____ State ID (if available): _____

Does either parent of the child (or spouse if adding a pregnant adult) work more than 20 hours a week for a Colorado State Government agency and have access to State health benefits?	YES	NO
Is this member currently covered by health insurance?	YES	NO
If yes, please provide the following information: <input checked="" type="checkbox"/> Policyholder's name <input checked="" type="checkbox"/> Policy Number/Group Number <input checked="" type="checkbox"/> Name of Insurance Company <input checked="" type="checkbox"/> Policy Type <input checked="" type="checkbox"/> Address and Phone of Insurance Company		
Has this member had health insurance through an employer's group policy in the last three months?	YES	NO
If yes, please provide the following information: <input checked="" type="checkbox"/> When did insurance end? <input checked="" type="checkbox"/> Amount family paid each month <input checked="" type="checkbox"/> Amount employer paid each month <input checked="" type="checkbox"/> Did insurance end because employment ended/the employer cancelled health insurance benefit?		
What is the relationship of this member to all current members of the household?		

THIS FORM IS BEING FAXED TO CHP+ FROM:

NAME: _____ DATE: _____

SITE: _____ PHONE: _____

Fax completed form to (303) 893-1780.

Helpful Contact Information

Please try the Customer Service numbers first, and use the direct contact numbers if those lines are not helpful. If your issue or problem is still not resolved, please ask the Resource Coordinator at CCHAP to assist - 720-744-5552.

MEDICAID	
Customer Service	303-866-3513
Health Colorado – clients need to call this number to choose a health plan	303-839-2120 1-888-367-6557
To check eligibility	www.hcpf.state.co.us Fax Back 1-800-493-0920 or 303-534-3500 or 303-534-0146, #3
Problems with eligibility – CBMS system	Ann Clemens, HCPF Medicaid Policy Specialist 303-866-6115 Ann.clemens@state.co.us
EPSDT – the Medicaid for children program Newborn enrollment in Medicaid Benefit questions	Outreach Coordinators 303-866-6010 – see list next page
EPSDT Toolkit (website)	https://hcpf.cdhs.state.co.us/HCPF/EPST/EPST_Final_page2.asp

CHILD HEALTH PLAN PLUS	
Website for CHP+ clients	www.cchp.org
Website for Providers	www.chpplusproviders.org
ACS-CHP+ Customer Service	1-800-359-1991
Colorado Access Customer Service	1-800-551-5010 www.coaccess.com
Colorado Access Provider Services	303-751-9005 x7987



Add-A-Baby Request Form (Effective February 20, 2009)



Instructions: Please print legibly. If we are unable to read the information, it will be returned.

Fax this form to the Department of Health Care Policy and Financing, Attn: Shawna Moreno at 303-866-4517. Or you can mail the form to: Health Care Policy and Financing, 1570 Grant Street, Denver CO 80203, Attn: Shawna Moreno. Your request will be processed within 2-3 days.

NOTE: All forms missing the required information will be sent back to the requestor which will cause a delay in this request. If you have any questions, please contact Shawna at 303-866-4456.

Please return form to: _____ **Today's Date:** _____

Name: _____

Practice Name: _____

Phone: _____ **Fax:** _____

Information about Mother of Child: [REQUIRED INFORMATION]

Case Number: _____ **State ID:** _____

Social Security Number: _____ **Date of Birth:** _____

Last Name: _____ **First Name:** _____

Address: _____

Phone: _____ **County of Residence:** _____

Information about the Baby: [REQUIRED INFORMATION]

NOTE: *Baby's information must be the same as it appears on the birth certificate.*

Name (first, middle, last): _____

Date of Birth: _____ **Gender (circle one):** Male Female

Name (first, middle, last): _____

Date of Birth: _____ **Gender (circle one):** Male Female

Child's Doctor or HMO: _____ **Report taken by:** _____

Medicaid Tech and Date Reported to DHS office: _____

EPSDT Children's Medicaid Navigator: _____