

In the Colorado Access Provider Manual, you will find information about:

Section 1. Colorado Access General Information

Section 2. Colorado Access Policies

Section 3. Quality Management

Section 4. Provider Responsibilities

Section 5. Eligibility Verification

Section 6. Claims

Section 7. Coordination of Benefits

Section 8. Provider-Carrier Disputes (Claim Appeals)

Section 9. Utilization Management Program

Section 10. Behavioral Health

Specific Policies and Standards

Section 11. Child Health Plan *Plus* (CHP+)

offered by Colorado Access

Specific Policies and Standards

- Primary Care Providers (PCP)
- Specialty Care Providers

Search Tip:

You can search quickly and easily by clicking on the binoculars icon on your toolbar, or by using the command Control+Shift+F. This will display a search box for you to enter what you want to find.

Provider Responsibilities

PRIMARY CARE PROVIDERS (PCPS)

Each member may select, or be assigned to, a participating primary care Provider (PCP). The PCP is responsible for managing the member's total health care services. These responsibilities include the following:

- Providing care and services for eligible members
- Being accessible (or have call coverage) to members 24 hours a day, 7 days a week
- Hours of operation must not be less than those offered to members with commercial health plans
- Provide services to members according to the plan's access standards
- Coordinating health care services for members, including referring members to specialists
- Provide preventive health services and offering provision for special needs
- Educating members about healthy lifestyles and prevention of serious illness
- Counseling members about appropriate emergency department utilization
- Providing culturally appropriate health care
- Maintaining confidentiality of medical information in compliance with all state and federal regulatory agencies (including HIPAA and 42 CFR Part 2)
- Maintain legible and comprehensive medical records for each encounter with a member that conform to documentation standards

Administrative Responsibilities Include:

- Participating in our quality management and utilization management programs
- Complying with our credentialing requirements
- Maintaining a separate medical record for each of our members
- Reporting encounter and claim data to Colorado Access, so that we may track service utilization
- Authenticating patient's identity at every office encounter to prevent card sharing and patient identity theft
- Verifying eligibility and enrollment for every office encounter
- Referring members to our participating Providers
- Adhering to the professional code of conduct

Practice Capacity and Acceptance of New Patients

A PCP may determine how many members the practice will accept and at what point the panel is open or closed. To request a change in member capacity or an open/closed panel status change, please contact our provider network services department. To close the panel to new members, the Provider must give a 60-day advance written notice to our provider relations department by emailing pns@coaccess.com or calling 800-511-5010. Opening a panel to new members will become effective on the date the notification is received. Upon receipt of the notice, provider network services staff members will provide written notice to the Provider, indicating the effective date for the requested panel status change.

The PCP is responsible for the care of members assigned to the PCP from the date of assignment, whether or not the PCP has previously provided care to the patient.

Coverage

- The PCP must ensure that coverage is available 24 hours a day, 7 days a week, for member services. Access to a qualified health care Provider by phone either onsite, call sharing, or answering service is appropriate. Please note, a recorded message advising a member to seek emergency care does not constitute after hours coverage.
- The call coverage Provider must know and follow the requirements of the authorization process.
- Coverage responsibilities include outpatient and inpatient care.

SPECIALTY CARE PROVIDERS

Contracted specialty care Providers have the following responsibilities to members:

- Verify member eligibility on the date of service
- Provide specialty consultation care approved by the member's PCP or by Colorado Access, as necessary
- Obtain appropriate authorization from Colorado Access before treating a member
- Coordinate the member's care with his or her PCP
- Provide a written consultation report to the PCP within five days of providing service
- Maintain confidentiality of medical information in compliance with all state and federal requirements
- Maintain a separate medical record for each of our members
- Maintain legible and comprehensive medical records for each encounter
- Hours of operation must not be less than those offered to members with commercial health plans

Second Opinion

Members have a right to a second opinion. If a member needs assistance arranging a second opinion, or setting an appointment, please call 800-511-5010 and ask to speak to a care manager.

Coverage

- The specialist must assure that coverage is available 24 hours a day, 7 days a week for member services. Access to a qualified health care Provider by phone either onsite, call sharing, or answering service is appropriate.

Please note: A recorded message advising a member to seek emergency care does not constitute after hours coverage.

- The call coverage provider must know and follow the specifications of the authorization process.
- Coverage responsibilities include outpatient and inpatient care.

If you have questions or concerns regarding the provider responsibilities, please email pns@coaccess.com.