# DHMP Medicaid Choice Attribution Process
# Provider Tip Sheet

This Provider Tip Sheet document is intended to provide guidance to providers regarding the DHMP Medicaid Choice attribution process.

- DHMP service area
    - Adams County
    - Arapahoe County
    - Denver County
    - Jefferson County
- Attribution process (e.g., who gets auto enrolled)
    - Member will be assigned based on the Department of Health Care Policy and Financing (HCPF) attribution and assignment policies/procedures
    - Member's attribution is based on their county of residence
        - All newly eligible Medicaid Members that reside in Denver County will be assigned to DHMC
        - All newly eligible Medicaid Members that reside in Adams, Arapahoe, and Jefferson Counties will be assigned to the appropriate RAE
    - If a member "churns" or loses eligibility beyond 60 days (continuous enrollment) the State InterChange (IC) will review the members previous 18 months claims history, and if the member has claims history with a RAE provider they will be assigned to that provider.
        - If there is no claims history, the attribution will be based on the members county of residence as outlined above
        - DHMP does not have access to claims history, this must be determined by HCPF/RAE
    - Newborn Assignment and Process
        - A Newborns plan attribution is based on the mother/oldest female on the case and the newborn will be attributed to the same plan (e.g., RAE or MCO).
        - Newborns are not be attributed to DHMP until:
            - They have received their own Medicaid ID; **and**
            - They have been discharged from the hospital
        - What happens when the baby is born and goes directly to NICU or requires an extended inpatient stay at time of birth?
            - Once the newborn is assigned a Medicaid ID the IC will attribute the newborn to DHMP if it lives in Denver County. Unfortunately, the IC cannot know if a newborn is still inpatient after being born.
            - When this occurs, DHMP can request a disenrollment for the newborn based on the inpatient stay rules that do not allow a member to change their plan attribution during an inpatient stay.

- Newborns that do not have their Medicaid ID assigned can be difficult to determine if they will be enrolled into DHMP as they cannot be verified in the Provider Portal.
  - If you are unsure of the newborns assignment and you provide services, and the newborn is enrolled into DHMP:
    - Submit an authorization request and the Utilization Management team will review the request.
    - The guardian of the newborn has 90 days after the date of enrollment into DHMP to transition services into the Denver Health system or to disenroll from DHMP.
      - DHMP will review and authorize services for the newborn during the time of assignment to DHMP.
      - The member must contact Health First Colorado to request a disenrollment from DHMP.
      - If after the 90 days the member does not contact Health First Colorado and request a disenrollment, the member will be locked into DHMP until their open enrollment period and will need to obtain services through the Denver Health system.
- Timeframes for members to request disenrollment
  - A **new member** may request disenrollment at any time during the initial ninety (90) days following the date of the Member's initial enrollment with DHMP.
    - The member can contact Health First Colorado 303 839-2120 and request to change their plan.
      - This is a prospective enrollment, and the new plan will not become effective until the first day of the next month after the request.
      - Example: If a members Birthdate is in September, they would be eligible to change their enrollment in July and August.
      - This is a prospective enrollment that will become effective the first day of their birth month.
      - A **Current Member** can only change their plan during the open enrollment period which is 60 days prior to the members Birth Month.
  - Once a member is passed the initial 90 days the member is locked in and DHMP can only request a disenroll from coverage for the following reasons:
    - Member is in their open enrollment (birth month rule above)
    - Member moves out of the service/residence area
    - Member was enrolled into DHMP Incorrectly due to a system issue. Examples of system issues include:
      - If member is new to Medicaid and is enrolled into DHMP but resides in a County outside of Denver County, and the Colorado Benefit Management System (CBMS) county of residence is not Denver.

- The IC incorrectly assigned the member to DHMP when the member had claims experience with a RAE Primary Care Provider (PCP) within 18 months of enrollment.
  - DHMP does not have access to claims history, this must be determined by HCPF/RAE
- The IC incorrectly assigns a member of the family to a different plan than the rest of the family (e.g., the family is assigned to a RAE, but one child is assigned to DHMP).
- A mismatch occurs between CBMS and the IC that results in the member being incorrectly attributed.
  - Example: When the coverage details show CHP+ but the managed care assignment details show Medicaid. Or when the coverage details show Medicaid, but the managed care assignment details show CHP+ instead of Medicaid
  - If a mismatch is suspected or found, email the Colorado Medical Assistance Program (CMAP) for support and resolution
  - Refugee Exclusions
    - All Refugee's should be enrolled to a RAE regardless of their county of residence
    - Refugee members have the option to enroll in DH based on member preference during their initial 90 days or open enrollment
  - Foster Care Members
    - Foster Care members are not excluded from the passive enrollment process; however, the TRAILS system commonly uses Denver County as the County of residency
    - Foster Care Members attributed to DHMP but placed outside of the service/residence area can be disenrolled at anytime and reassigned to the correct RAE
- DHMP Provider Resources
  - https://www.denverhealthmedicalplan.org/provider-forms-and-materials
    - In addition to routine authorization forms and processes, this webpage includes Tip Sheets for different services and the organization responsible for paying for the service. Examples of tip sheets are behavioral health services and applied behavior analysis.
- Points of contact
  - Member Contact Numbers
    - Colorado Medical Assistance Program (CMAP) (800) 221-3943
      - Assistance with updating Demographics, income, adding/removing members from the case
    - DHMP Health Plan Services (303) 602-2116
      - Direct Contact with the plan
    - Health First Colorado Enrollment (303) 839-2120
      - Request Plan Change when still in initial 90 Days

- Health First Colorado Member Contact Center (800) 221-3943
  - Provider Contact Numbers
    - DHMP Health Plan Services (303) 602-2100, providers to use with enrollment/eligibility questions on members
    - Colorado Medical Assistance Program (CMAP)
- Verification of member eligibility for Providers, send an email to eemapliaison@dhha.org